"This collection of information is voluntary and will be used to determine eligibility of project for possible Federal funding. Public reporting burden is estimated to average 30 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2125-0623 with an expiration date of 9/30/2009. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Highway Administration, 1200 New Jersey Ave SE, Washington, DC 20590".

MONTHLY EMPLOYMENT REPORT
AMERICAN RECOVERY AND REINVESTMENT ACT

1. Report Month: (mm/yyyy)	2. Contracting Agency	
3. Federal-Aid Project Number	4. State Project Number or ID Number	5. Project Location: State, County or Federal Region

6. CONTRACTOR NAME AND ADDRESS

Name:

Address:

City: State:

Zip:

7. Contractor/Subcontractor DUNS Number:

8. Employment Data

	EMPLOYEES	HOURS	PAYROLL
Prime Contractor Direct, On-Project Jobs (see guidance for definitions)			
Subcontractor Direct, On-Project Jobs			
Subcontractor Name			
Prime and Subcontractor Totals	0	0	0.00

9. PREPARED BY CEO or Payroll Official: DATE:

Name:

Title:

Form FHWA-1589 (Rev. 3-25)