Keith Golden, P.E., Commissioner

GEORGIA DEPARTMENT OF TRANSPORTATION

One Georgia Center, 600 West Peachtree Street, NW
Atlanta, Georgia 30308
Telephone: (404) 631-1000

February 18, 2014

TO: ALL CONTRACTORS ON FEDERAL-AID HIGHWAY CONSTRUCTION PROJECTS

Enclosed for your review and utilization are forms used by GDOT/EEO to conduct the annual review for your company. The forms are enclosed as a reminder to you of the regulations by which we must abide in working on Federal-Aid Highway related projects. The regulations are applicable to the type of contracts on which your company performs and require you to conform to national equal employment opportunity standards. Those standards, for which GDOT has monitoring and reporting responsibility, prohibit discrimination in any form. The non-discrimination standards include, but are not limited to, the duty to refrain from discriminating against any applicant or employee on the basis of race, color, religion, sex, handicap or national origin.

GDOT encourages your evaluation, on a periodic basis, of your EEO program plan. When you undertake such a review, be sure to initiate affirmative steps to correct any identified deficiencies. Your evaluation should include a review of your personnel policies and practices, and an analysis of your workforce composition by race, gender and job classification. The forms referenced above will assist in your evaluation. We encourage you to use them in your internal examination as they will help to familiarize you with the considerations that make up the core of our formal review.

The Affirmative Action Recommendations checklist suggests measures you should consider to strengthen your EEO program plan. Please document any action(s) taken outside these recommendations.

Please be advised that all prime contractors are responsible for the completion of Monthly Utilization Reports in in accordance with the workforce reporting requirements.

GDOT staff works hard at making the EEO Compliance Program efficient and effective. We know that the companies working on our projects are aware of their responsibilities regarding compliance with program requirements. We are available to offer assistance to your company in achieving the necessary compliance with the equal opportunity laws and look forward to doing so upon request.

As the Commissioner for the Department of Transportation, I am committed to the standards and principles of Equal Opportunity. I appreciate your continued cooperation and compliance with the program.

Sincerely,

Keith Golden, P.E.
Commissioner

KG:KAK:bcm
Attachments:

1) Affirmative Action Checklist
2) Monthly Utilization Report & Instructions
3) Form 1444

2014 Recommendations for
AFFIRMATIVE ACTION

1. CONTRACTORS EEO POLICY & DISSEMINATION OF EEO POLICY

- Provide copy of the firm's annual EEO policy statement.
- Assure your firm's annual EEO submission is posted at the worksite and the home office.
- Provide a copy of the firm's employee handbook containing the EEO policy.
- Provide a new employees orientation checklist containing the EEO policy references.
- Provide a copy of the annual meeting EEO presentation outline with a roster of attendees attached.

2. AUTHORITY AND RESPONSIBILITY OF THE EEO OFFICER

- Provide the firm's organization chart with names and titles of the principals in the review.
- Assure contractor's employees know the name of EEO officer and contact information.
- Conduct semi-annual meetings with company supervisory personnel concerning EEO responsibilities and required contract provisions.

3. PERIODIC EEO MEETINGS

- Provide a dated list of all project site meetings with EEO topics and the date of the semi-annual supervisor training with EEO topics discussed.

4. NOTICES AND POSTERS ON BULLETIN BOARD

- Assure the required posters and notices are posted on the project site bulletin board.
- Assure all subcontractor EEO Policy Statements are posted on the project site bulletin board.
- Assure the project site bulletin board is located outside of any structure and is accessible to employees and applicants.

5. ADVERTISING AS AN "EEO EMPLOYER"

- Provide a copy of the company's stationary with "Equal Opportunity Employer" imprinted. a copy of the firm's employee application form on which Equal Opportunity Employer is imprinted and a copy of all printed advertisements related to the review.

6. RECRUITMENT – SYSTEMATIC AND DIRECT RECRUITMENT EFFORTS WITH SOURCES LIKELY TO YIELD MINORITIES AND WOMEN APPLICANTS

- Provide copies of log entries, telephone records or file notes documenting recruiting contacts with education or training institutions soliciting minority and women applicants.

7. EDUCATE ALL NEW SUPERVISORS WITHIN 30 DAYS REPORTING TO DUTY

8. ENCOURAGE PRESENT EMPLOYEES TO REFER MINORITIES AND WOMEN FOR EMPLOYMENT

- Submit Form 1444 to add missing job classifications within ten (10) days of finding that there is an omitted job classification

9. EVALUATE THE SPREAD OF WAGES TO DETERMINE IF DISCRIMINATION EXISTS

- Provide a list of all EEO complaints investigated by the firm in the preceding twelve months by type. (Sex, race, color, age, national origin, disability)

2014 Recommendations for
AFFIRMATIVE ACTION

10. **ENSURE NON-SEGREGATED FACILITIES**

11. **PROVIDE OUTREACH TO INCREASE THE TRAINING OF MINORITY AND WOMEN**

12. **AFFIRMATIVELY ENSURE THAT MINORITIES AND WOMEN ARE EMPLOYED IN ALL OCCUPATIONS, CRAFTS AND JOB CLASSIFICATIONS ON AN EQUAL BASIS (MONTHLY UTILIZATION REPORT}**

13. **PROVIDE PROCEDURES USED BY THE PRIME TO MONITOR SUBCONTRACTORS COMPLIANCE OF THE NONDISCRIMINATION, EO AND EEO OBLIGATIONS**

    - Provide a copy of the subcontractor notification to provide the prime a current signed copy of their EEO Pol icy statement.

14. **THE NEED FOR ADEQUATE RECORDS AND REPORTS**

    - Provide a signed certification that the firm retains EEO related information no less than three years from the time of the project's final acceptance by GDOT.

    - Provide a copy of the firm's latest PR 1391 report (companywide, project and home office) and one for each sub-contractor who is active on the project.

CONTRACTOR'S MONTHLY EMPLOYMENT UTILIZATION REPORT

Georgia Department of Transportation

SUBMIT FORM TO DISTRICT EEO REVIEW OFFICER

D.O.T. PROJECT NUMBER:		COUNTY:		Contact Information		REPORTING PERIOD	
CONTRACTOR'S NAME:				FAX No.		FROM:	
ADDRESS:				Cellular No.		TO:	
E-MAIL ADDRESS:							
SUBCONTRACTOR NAME:				Report number:			

NUMBER OF WORK HOURS OF EMPLOYMENT												PERCENTAGE		NUMBER OF EMPLOYEES			
CONSTRUCTION TRADE CLASSIFICATION	TOTAL NUMBER - ALL WORK HRS OF EMPLOYEES BY TRADE	BLACK (NOT OF HISPANIC ORIGIN)		HISPANIC		ASIAN OR PACIFIC ISLANDERS		AMERICAN INDIAN OR ALASKAN NATIVE		WHITE (NOT OF HISPANIC)		PERCENTAGE OF TOTAL WORK HOURS BY MINORITY & FEMALE		TOTAL NUMBERS OF EMPLOYEES		TOTAL NUMBER OF MINORITY EMPLOYEES	
	(BOTH MALE AND FEMALE)	M	F	M	F	M	F	M	F	M	F	MINORITY	F	M	F	M	F
												0.000%	0.000%				
Officials (Managers)												0.000%	0.000%				
Supervisors												0.000%	0.000%				
Foreman/Woman												0.000%	0.000%				
Clerical												0.000%	0.000%				
Equipment Operators												0.000%	0.000%				
Truck Drivers												0.000%	0.000%				
Ironworkers												0.000%	0.000%				
Carpenters												0.000%	0.000%				
Cement Masons												0.000%	0.000%				
Electricians												0.000%	0.000%				
Pipefitters/Pipelayers												0.000%	0.000%				
Painters												0.000%	0.000%				
Laborers, Semi-Skilled												0.000%	0.000%				
Laborers, Unskilled												0.000%	0.000%				
												0.000%	0.000%				
TOTALS	0	0	0	0	0	0	0	0	0	0	0	**0.00%**	**0.000%**	0	0	0	0

COMPANY OFFICIAL'S SIGNATURE AND TITLE	TELEPHONE NUMBER	DATE SIGNED	
			PAGE OF

CONTRACTOR WORKFORCE REPORTING REQUIREMENTS - The Prime and active subcontractors shall report Monthly Employment Utilization by inputting the total number of work hours for each trade classification (shaded areas). The Prime is responsible collecting Monthly Utilization Reports from each active subcontractor and submit to the appropriate District EEO Review Officer no later than the 10th of the month. (This report reflects all work performed for the previous month). Failure to provide this information by the 10th of each month may result in suspension of progress payments, or part thereof due under the contract, until such time as the Contractor or subcontractor demonstrates compliance with these items.

If no work is performed during the month, contractor/subcontractor must submit a "no work performed" report for the month.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE

CHECK APPROPRIATE BOX
☐ SERVICE CONTRACT
☐ CONSTRUCTION CONTRACT

OMB Number: **9000-0089**
Expiration Date: **7/31/2014**

Public reporting burden for this collection of information is estimated to average 15 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVP), Office of Acquisition Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0089), Washington, DC 20503.

INSTRUCTIONS: THE CONTRACTOR SHALL COMPLETE ITEMS 3 THROUGH 16, KEEP A PENDING COPY, AND SUBMIT THE REQUEST, IN QUADRUPLICATE, TO THE CONTRACTING OFFICER.

1. **TO:**	2. **FROM:** *(REPORTING OFFICE)*
ADMINISTRATOR, Employment Standards Administration WAGE AND HOUR DIVISION U.S. DEPARTMENT OF LABOR WASHINGTON, D.C. 20210	

3. CONTRACTOR	4. DATE OF REQUEST

5. CONTRACT NUMBER	6. DATE BID OPENED *(SEALED BIDDING)*	7. DATE OF AWARD	8. DATE CONTRACT WORK STARTED	9. DATE OPTION EXERCISED (If *APPLICABLE) (SCA ONLY)*

10. SUBCONTRACTOR *(IF ANY)*

11. PROJECT AND DESCRIPTION OF WORK *(ATTACH ADDITIONAL SHEET IF NEEDED)*

12. LOCATION *(CITY, COUNTY AND STATE)*

13. IN ORDER TO COMPLETE THE WORK PROVIDED FOR UNDER THE ABOVE CONTRACT, IT IS NECESSARY TO ESTABLISH THE FOLLOWING RATE(S) FOR THE INDICATED CLASSIFICATION(S) NOT INCLUDED IN THE DEPARTMENT OF LABOR DETERMINATION

NUMBER: _____ DATED: _____

a. LIST IN ORDER: PROPOSED CLASSIFICATION TITLE(S); JOB DESCRIPTION(S); DUTIES; AND RATIONALE FOR PROPOSED CLASSIFICATIONS (SCA ONLY)	b. WAGE RATE(S)	c. FRINGE BENEFITS PAYMENTS
(Use reverse or attach additional sheets, if necessary)		

14. SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE *(IF ANY)*	15. SIGNATURE AND TITLE OF PRIME CONTRACTOR REPRESENTATIVE

16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE	TITLE	CHECK APPROPRIATE BOX-REFERENCING BLOCK 13.
		☐ **AGREE** ☐ **DISAGREE**

TO BE COMPLETED BY CONTRACTING OFFICER *(CHECK AS APPROPRIATE - SEE FAR 22.1019 (SCA) OR FAR 22.406-3 (DBA))*

☐ THE INTERESTED PARTIES AGREE AND THE CONTRACTING OFFICER RECOMMENDS APPROVAL BY THE WAGE AND HOUR DIVISION. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.

☐ THE INTERESTED PARTIES CANNOT AGREE ON THE PROPOSED CLASSIFICATION AND WAGE RATE. A DETERMINATION OF THE QUESTION BY THE WAGE AND HOUR DIVISION IS THEREFORE REQUESTED. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.

(Send copies 1, 2, and 3 to Department of Labor)

SIGNATURE OF CONTRACTING OFFICER OR REPRESENTATIVE	TITLE AND COMMERCIAL TELEPHONE NO.	DATE SUBMITTED