

**INSTRUCTIONS**  
**LOCAL AGENCY MONTHLY EMPLOYMENT REPORT**  
**AMERICAN RECOVERY AND REINVESTMENT ACT of 2009 (ARRA)**

The reporting period starts once the job has been obligated. The local agency should receive the approved authorization shortly after obligation. If you need to confirm the actual obligation date, please contact the assigned LAP staff engineer.

The information sheet is due by the 10<sup>th</sup> of each reporting month. If a job is obligated and no work has been performed during a reporting month, the local agency must still forward the information sheet with Items 1-6 completed and the “No work performed this report month” checkbox marked. Also, Item 7 needs be completed with the appropriate checkboxes marked. Please make sure to complete Item 8 on all sheets submitted.

The local agency is responsible for directly submitting the information sheet for any subcontractor information.

All job related questions need to be directed to the LAP staff engineer assigned to the job.

If the information is not received by the 10<sup>th</sup> of each month until the completion of the Project, ARRA Funds for the State could be jeopardized.

**Questions concerning the information being requested for the employment reporting should be directed to Rudy Cadena at 517-335-2233.**

## LOCAL AGENCY MONTHLY EMPLOYMENT REPORT AMERICAN RECOVERY AND REINVESTMENT ACT



\*\*\*Must be submitted to Local Agency Programs by the 10<sup>th</sup> of each month\*\*\*

1. REPORT MONTH (mm/yyyy)	2. LOCAL AGENCY
3. FEDERAL-AID PROJECT NUMBER	4. JOB NUMBER

5. PROJECT LOCATION

### 6. LOCAL AGENCY PROJECT ENGINEER NAME & LOCAL AGENCY ADDRESS

NAME

ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.	EMAIL ADDRESS		

No work performed this report month

### 7. EMPLOYMENT DATA

	EMPLOYEES	HOURS	PAYROLL
<b>Local Agency staff performing project work</b>			
<input type="checkbox"/> PE <span style="margin-left: 150px;"><input type="checkbox"/> CE</span>			
<input type="checkbox"/> FA			
<b>Name of subcontractor performing project work</b>			
	<input type="checkbox"/> FA <input type="checkbox"/> PE <input type="checkbox"/> CE		
	<input type="checkbox"/> FA <input type="checkbox"/> PE <input type="checkbox"/> CE		
	<input type="checkbox"/> FA <input type="checkbox"/> PE <input type="checkbox"/> CE		
	<input type="checkbox"/> FA <input type="checkbox"/> PE <input type="checkbox"/> CE		
	<input type="checkbox"/> FA <input type="checkbox"/> PE <input type="checkbox"/> CE		
<b>Local Agency &amp; Sub Contractor totals</b>			

### 8. PREPARED BY: Local Agency Representative

NAME	TITLE	DATE
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Please e-mail form to [conklinmi@michigan.gov](mailto:conklinmi@michigan.gov) or fax to Michele Conklin at (517) 335-3234