

Report Month/Year		"AMERICAN RECOVERY & REINVESTMENT ACT"			
County		Jobs Created Reporting Form			
Contract Number (if applicable)		LANDOWNER NAME			
NAME	ADDRESS	CITY	ZIP CODE	PHONE NUMBER	

This report must be completed for each month work was performed and submitted with the Monthly Report Form.
Enter the total hours worked for all workers (including travel time and support personnel), for each date that work was performed on this tract.

PROJECT OR ACTIVITY DESCRIPTION <small>ex. herbicide, tree planting, burning, etc.</small>	TOTAL	DATE														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

PROJECT OR ACTIVITY DESCRIPTION <small>ex. herbicide, tree planting, burning, etc.</small>	TOTAL	DATE															
		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

TOTAL HOURS WORKED	
TOTAL WORKERS	
NUMBER OF NEW WORKERS STATED IN TOTAL	
* TOTAL ARRA PAYROLL *	

_____	_____
VENDOR SIGNATURE	DATE
_____	_____
LANDOWNER SIGNATURE	DATE

*** OFFICE USE ONLY ***	
Total hours in work Period	_____
Full Time Employment	_____
Fund Source	_____
Project	_____
Federal ID Number	_____
Initial	_____
Date	_____