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**
		Missouri

6. CONTRACTOR INFORMATION (NAME, ADDRESS, PHONE)

Name:			
Address:			
City:		State:	
Zip:		Phone:	

7. Contractor 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

9. Project Percent Complete (based on time)

Comment:	

10. PREPARED BY CEO or Payroll Official: DATE:

Name:	
Title:	

Form FHWA-1589 (Rev. 3-25)