MN/DOT INDIAN EMPLOYMENT TRACKING FORM

Mn/DOT Form 21861 (06/07)

Prime Contractor:	**State Project (SP) Number(s):**
Address:	**Reporting Period** **_____To_____.**

Employee Name	**Contractor**	**Trade Classification**	**Tribe**	**Tribal ID #**	**Date of Hire**	**# Of hrs on project**	**Current Status: Seasonal/Permanent/Laid-off**
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Please provide the reason for lay-off/termination for any of the employees listed above:

CONTRACTOR:
The undersigned contractor hereby certifies that the listed information is true and correct as required by the Mn/DOT Special Provision for Indian Employment.

_____

Contractor Signature/Title Date