Form 99
Economic Development Set-Aside Program
Job Activity Log

Person completing form: _____ Company: _____ Grantee: _____

Signature: _____ Location of Company: _____ Grant Control Number: _____

Telephone: (   )_____ Date: _____ Report Period: _____

(A) Employee Name / Social Security Number / Job Title/Position Number	(B) Full-Time Equivalent*	(C) Date of Hire	(D) Hourly Wage	(E) Date Terminated	(F) Number of Persons in Family	(G) For Each Employee – Check *All* Columns That Apply (one person may be counted in several different categories)												
						LMI at Hire	Elderly 60+	Female Head	Handi-Capped	Ethnicity/Race *							Sex	
										H	W	B	A	PI	AI	O	M	F
1 Name: / SSN: / Job Title/Position#:																		
2 Name: / SSN: / Job Title/Position#:																		
3 Name: / SSN: / Job Title/Position#:																		
4 Name: / SSN: / Job Title/Position#:																		
5 Name / SSN / Job Title/Position#:																		
6 Name / SSN / Job Title/Position#:																		
7 Name / SSN / Job Title/Position#:																		
8 Name / SSN / Job Title/Position#:																		
9 Name / SSN / Job Title/Position#:																		
10 Name / SSN / Job Title/Position#:																		

*Full-time, enter 1; ¾ time, enter .75; ½ time, enter .5, etc.

*Ethnicity/Race: H – Hispanic, W – White, B – Black, A – Asian, PI – Native Hawaiian/Pacific Islander, AI – American Indian/Alaska Native, O - Other

Totals   _____   _____   _____   ____ ____ ____ ____ __ __ __   __   __   __ __ __ __

(avg.)

Form 99-I
Instructions for Completing the Job Activity Log

The "**Job Activity Log**" is a cumulative report that reflects up-to-date information on job creation and turnover throughout the project. This report can be prepared based on information received on the **Income Certification Forms** completed by applicants and on turnover information received from the company. This report can be submitted to the Arkansas Economic Development Commission quarterly with the **Job Status Report**.

Although an Income Certification Form is completed on every applicant, only those persons hired by the company are to be reflected on the Job Activity Log. The remaining income certification must be retained on file by the company and/or Grantee.

Only permanent jobs are to be listed on this form.

Identifying Information: Self-explanatory. Complete all blanks as requested. Report period will be the most recent calendar quarter.

Column A: Employee name/Social Security No./Job Title/Position Number: List the name of the employee, Social Security No., the title of the position the employee holds, and the position number used for payroll purposes.

Column B: Full-Time Equivalent: Jobs or hires are to be reported in full-time equivalents; that is, one full-time (40 hr. normal work week) position equals one full-time equivalent. Each part-time position should be reported in tenths/hundredths, e.g., a half-time (20 hr. normal work week) position should be counted as .5 and a quarter-time (10 hr. normal work week) position should be counted as .25. Use the following formula in calculating the full-time equivalent for a position: $\frac{\text{Number of hours per work week}}{40}$ = Full-Time Equivalent

Column C: Date of Hire: List the date (mm/dd/yyyy) each person was hired by the company for a job created as a result of the project.

Column D: Hourly Wage: List each person's starting hourly wage in this column.

Column E: Date Terminated: If applicable, list the date (mm/dd/yyyy) any employee was terminated or ended employment with the company. **This column should be updated quarterly to provide an actual reflection of the employment activity that has occurred over the life of the project.**

Column F: Number of Persons in the Family: From the "**Income Certification Form,**" list the total number of persons in the employee's family.

Column G: Place an "X" in each box that applies to each person hired by the company.