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EMPLOYEE DATA TRACKING FORM

EMPLOYEE DATA TRACKING FORM	
BUSINESS NAME:	LOAN NO.:
AUTHORIZED SIGNATURE:	DATE:

The following information regarding race, ethnicity, and gender is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking employment with a business participating in the Region XII Development Corporation Revolving Loan Fund program. Please note, one form will be required to be completed by the employer **ANNUALLY** listing all active employees.

	NUMBER OF EMPLOYEES	ORGANIZATIONAL UNIT (Directors, Owners etc.) (if applicable)
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ETHNICITY		
Hispanic or Latino		
Not Hispanic or Latino		
TOTAL		

RACE		
American Indian, Alaskan Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
TOTAL		

GENDER		
Male		
Female		
TOTAL		

Revolving Loan Program Semi-Annual Borrower Job Creation Report

For the Period Ending: June 30 December 31 of (Year): _____

Region XII Development Corporation is required by the Federal Government to collect information on jobs created by businesses receiving assistance through the Revolving Loan Fund program. Borrowers are required to provide employment information through provisions of the Loan Agreement signed at the time of loan closing. Borrowers should complete Sections 1 - 3 of this form. Borrowers should report the total number of full-time and part-time employees as of the date of the report marked above.

SECTION 1: BORROWER INFORMATION	
COMPANY NAME	
CONTACT PERSON	
LOAN NUMBER*	

**If you do not know your loan number, please leave this section blank and Region XII Staff will complete it.*

SECTION 2: EMPLOYEE TOTALS		
Full-time Employees	Part-time Employees	TOTAL EMPLOYEES
<p><i>NOTE: ATTACH A PAYROLL REPORT FOR THE PAYROLL PERIOD CLOSEST TO JUNE 30TH OR DECEMBER 31ST.</i></p> <p style="text-align: center;"><input type="checkbox"/> PAYROLL REPORT ATTACHED</p>		

SECTION 3: EMPLOYER CERTIFICATION	
<p>I, as an authorized representative of the company named above, hereby certify that the job numbers reported above completely and accurately reflect the employment levels of the company as of the date of the report noted above.</p>	
Signature of Authorized Company Representative: Typed or Printed Name:	DATE:

SECTION 4: FOR REGION XII DEV. CORP. OFFICE USE ONLY									
No. of Jobs at Application		Projected Jobs				Verified Jobs			
FT	PT	<i>CREATED</i>		<i>SAVED</i>		<i>CREATED</i>		<i>SAVED</i>	
		FT	PT	FT	PT	FT	PT	FT	PT