LOUISIANA ECONOMIC DEVELOPMENT

ENTERPRISE ZONE PROGRAM
Employee Certification Report Summary

Contract_____**Contract Effective Date**_____

Company _____**Parish**_____

Project Address _____

Contact name, phone, email _____

Number of Employees day prior to Contract Effective Date (Baseline Employment)

Baseline Employment: Permanent Full-time _____ Non Permanent _____Part-time _____

	CONTRACT YEAR					Grand Total	Office Use Only (% meeting requirements)
	1st Period	2nd Year	3rd Year	4th Year	5th Period		
A Residency							%
B Public Assistance							%
C Lacking Basic Skills							%
D Unemployable by Traditional Standard							%
No Certification							%
Total Permanent Net New Employees							100%
Office Use Only (Period average)							

Due date is MAY 31st *annually* after you have a Contract. Provide ES-4 Report copies for each reporting period, Average Calculation, part-time employees hours worked schedule and New Employee List.

I certify that the information furnished for this report is true and correct.

_____ _____ _____

Authorized Applicant Signature **Printed Name and Title** **Date**