LOUISIANA ECONOMIC DEVELOPMENT

ENTERPRISE ZONE PROGRAM
Employee Certification Report Summary

Contract_____ **Contract Effective Date**_____

Company _____ **Parish**_____

Address _____

Contact name, phone and e-mail _____

Number of Employees day prior to Contract Effective Date (Base Number of Employees)

Full Time _____ **Part time** _____

	CONTRACT YEAR					Grand Total	Office Use Only
	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 Net New Employees							
Office Use Only							

Due date is MARCH 1 *annually* after you have a Contract. Include copies of ES-4 Report 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.

Signature	Printed Name and title	Date