NJ Department of Labor & Workforce Development Name of Employer **Business Address** Establishment Address or Same as business address **Annual Equal Pay Report** for Qualifying Services **Other than Public Works Projects** MW-563 (6/18) Year Contract No. KEY A - Race $\mathbf{A} = Asian$ B = Black or African American I = Native Hawaiian or Pacific Islander **N** = American Indian or Native Alaskan **W** = White **M** = 2 or More KEY B - Pay Bands **1** = \$19,239 and under **2** = \$19,240–\$24,439 **3** = \$24,440**-**\$30,679 **4** = \$30,680**-**\$38,999 **5** = \$39,000–\$49,919 **6** = \$49,920**-**\$62,919 **7** = \$62,920–80,079 **8** = \$80,080**-**\$101,919

 = \$101,920-\$128,959 = \$128,960-\$163,799 = \$163,800–\$207,999 = \$208,000 and over

☐ Check if additional sheets used

Email completed form to equalpayact@dol.nj.gov

10100-303 (0/18)									
1.	2. Job		3. Demographics		4. Hours 5. Compe		5. Compensation		
				<u>Sex</u>	<u>Race</u>	<u>Ethnicity</u>	Non-Exempt	<u>Exempt</u>	Pay Band No.
				M = Male			<u>Employees</u>		See Key B – based
				F = Female			Total Hrs. Worked		
Employee Name	Job Title		Job Category	X = Non-Binary	See Key A	N=Non-Hispanic	Annually	– See Instructions	W-2, Box #1