

Control Number: 26715



Item Number: 68

Addendum StartPage: 0



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Teligent, Inc. 460 Herndon Parkway, Suite 100 Herndon, Virginia 20170 voice: 703.326.4400 fax: 703.326 4500 http://www.teligent.com

202 DEC 27 AH 11:25 PUBLIC UTILLEY COMMISSION FILING CLERK

December 19, 2002

VIA OVERNIGHT MAIL

Central Records Public Utility Commission of Texas 1701 North Congress Avenue Austin, Texas 78711

Re: Docket No. 26715 - Workforce/Supplier Diversity Reports - 2002

Dear Ms. Mueller:

Pursuant to Texas PUC Substantive Rule Sec. 26.85, Teligent Services, Inc. ("Teligent") respectfully submits four (4) copies of the above-referenced report.

Please note that Teligent has only one (1) employee that lives in the state of Texas. Although this employee resides in Texas, he is considered a "headquartered" employee. Since Teligent has fewer than sixteen (16) employees in the state of Texas, it is not required to document its efforts to diversify suppliers, but instead had enclosed copies of it 2002 reports filed with the EEOC for the purpose of satisfying the Texas PUC requirement with regard to Docket No. 26715.

Please date-stamp and return the enclosed extra copy of this cover letter in the self-addressed, postage paid envelope provided. Should any questions arise regarding this response, please do not hesitate to contact the undersigned at (703) 326-4690.

Sincerely,

Jennifer Martin Manager, Regulatory Affairs

Enclosures

cc: Hon. Rick Perry Hon. Bill Ratliff Hon. James E. "Pete" Laney Hon. Joe Deshotel House Mexican-American Legislative Caucus Hon. Leticia Van de Putte WORKFORCE AND SUPPLIER DIVERSITY FORM

			NUME	ER OF TE	XAS FUL	L-TIME E	NUMBER OF TEXAS FULL-TIME EMPLOYEES FOR REPORTING YEAR	ES FOR	REPORT	ING YE/	AR		
Occupational Categories	Combined Total	Compan	Company Totals	Cauc	Caucasian	African	African American	His	Hispanic	As	Asian	American Indian	Indian
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials and Managers													
D											- - -		
Professionals				ļ									
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lechnicians													
Sales Workers													
						<i>2</i>	•						
Office and Clerical													
Craft Workers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
										-			
Service Workers													
												·	
<b>Previous Year Totals</b>													
Year Totals													
					1								

(1) TEXAS Employee

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EQUAL EMPLOYMENT OPPORTUNITY Joint Reporting Committee **EMPLOYER INFORMATION REPORT EEO-1** Equal Employment 2002 Opportunity Commission 1 of 4 Office of Federal Contract Compliance Programs (Labor) CO=X390726 EI=5418665625 U=X390726 CC=99 MSN=00000000 S=2SIC=0000 PIN=sT4tj MC = 00000TELIGENT INC TELIGENT INC 8065 LEESBURG PIKE -

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### Standard Form 100 (Rev. 3/97) ) M B NG 3046-0007 EXPIRES 11'30/02



X390726-2

RETURN COMPLETED REPORT TO: THE JOINT REPORTING COMMITTEE P.O. Box 779 Norfolk VA 23501 PHONE: (757) 461-1213

# USE THIS FORM FOR YOUR CONSOLIDATED REPORT.

Section A -- TYPE OF REPORT

Refer to instructions for number and types of reports to be filed.

1. Indicate by marking in the appropriate box the type of reporting unit for which this copy of the form is submitted (MARK ONLY ONE BOX).

(1) Single-establishment Employer Report

22182-2738

Multi-establishment Employer:

- (2) X Consolidated Report (Required)
- (3) Headquarters Unit Report (Required)
- (4) Individual Establishment Report (submit one for each establishment with 50 or more employees)
- (5) Special Report

## 2. Total number of reports being filed by this Company (Answer on Consolidated Report Only)

Section B – COMPAN 1. Parent Company	IDENTIFICATIO	DN (To be a	ıswe	red	by all	em	ploye	ers)		OFFICE USE ONLY
a Name of parent company (owns or controls	establishment in item 2) or	nit if same as label						· •		
10110101										a,
Address (Number and street) - 1 G C H(+, ) ((c)) 1 <sup>-</sup>	k 1									ь
City or town //cijicic,)	State 6 1				ZIP	code	201	110		с
2. Establishment for which this report is f	iled. (Omit 1f same as	s label)								
a Name of establishment										1
10110 cult										d
Address (Number and street)	City or town	County			State ,	_ ZII	<sup>2</sup> code	-	-> _	
ALL fler releas Placing	Fringle o	-71.15;	1X		1	_	,	·* .	· ·	e
b Employers Identification No. (IRS 9-DI	GIT TAX NUMBER)	51	i	ら	¢,	C	C	ł	1	r
c Was an LEO-1 report filed for this establishm	ent last year? Yes	No No								
Section C – EMPLOYE	RS WHO ARE REC	QUIRED TO	FILE	(To	be ar	nswe	ered	by al	ll em	ployers)
Yes [] No 1. Does the entire compar	iv have at least 100	employees in	the n	avrol	l peric	d for	whic	th voi	) are	reporting?

163 6 10 1.	bles the entire company have at least 100 employees in the payton period for which you are reporting.
Yes 🖸 No 2.	Is your company affiliated through common ownership and/or centralized management with other entities
	in an enterprise with a total employment of 100 or more?
X7 ()) 0	

J	Yes into 5. Does the company of any of its establishments (a) have 50 or more employees AND (b) is not exempt
	as provided by 41 CFR 60-1.5, AND either (1) is a prime government contractor or first-tier subcontractor,
	and has a contract, subcontract, or purchase order amounting to \$50,000 or more, or (2) serves as a
	depository of Government funds in any amount or is a financial institution which is an issuing or paying
	agent for U.S. Savings Bonds and Savings Notes?
	If the response to question C-3 is yes, please enter your Dun and Bradstreet identification number (if you

have one):

TELIGENT INC

# Section D—EMPLOYMENT DATA

Employment at this establishment – Report all permanent full-time and part-time employees including apprentices and on-thejob trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zeros.

					NUMBE	R OF EMPI	OYEES				·····
	OVERALL			MALE					FEMALE		
JOB CATEGORIES	TOTALS (SUM OF COL B THRU K)	WHITE INOT OF HISPANIC ORIGINI	BLACK (NOT OF HISPANIC ORIGIN)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	WHITE (NOT OF HISPANIC (ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE
	A	В	C	D	Ē	F	G	н	ł	J	К
Officials and Managers 1	12	-1					• \				
Professionals 2	34	1.1	2		L.		10			ス	
Technicians 3											
Sales Workers 4 Office and	1	3									
Clerical 5	E.	()					2				
Craft Workers (Skilled) 6	3	1	Ż								
Operatives (Semi-Skilled) 7											
Labors (Unskilled) 8											
Service Workers 9											
TOTAL 10	5,9	34	١	C	4	$C_{-}$	16	C	C	Ĵ.	(
Total employment reported in previous EEO-1 report 11	1044	433	84	38	51	0	317	57	39	24	1
	Omit questi		on the cons	solidated Re					·····	·····	····
1. Date(s) of pay	roll period u	ised:			2. Does	this establi			tices?		
		Section	F Fetabli	chmonte Ir	formation	U Yes			0.1		
1 What is the m	aior activity									ale	OFFICE
plumbing supplie											USE ONLY
business or indus	trial activity	r.)									
											g.
<b></b>		·		Sec	tion FR	emarks					5.
Use this	item to give	e any identi	fication dat				h differs fro	om that give	en above, e	xplain majo	)r
		change	es in compo	sition of rep	porting unit	s and other	pertinent in	formation	<u>(</u> ,		reches.
please ne	10 Den	chán	5511	300 l	ist il	711te 1	pale in	eteric 25		1761 1	ere heres
part of the	<i>/////////////////////////////////////</i>	0.101010	11								
······						<b>DN</b> (See Inst					
Check 1	All re	ports are ac	curate and	were prepar	ed in accor	dance with t	he instructi	ions (check	on consolid	dated only)	
one 2 Name of Certifyi			Title	as prepared		ance with in Signature				Date	
Lyma.	*	11.5		MGn.		Signature	m_ 111	1. 1.		12/1	2/60
Name of person t				and Street)	1				d.		
regarding this rep				0.							
print) Tranc. a Lynne	De ANS	46	i Hen	iác, Pl	( · · · ) [						
Title Part 1			nd State	·		Zıp Code	Telephon Area Code)	e Number	(Including	Extension	
1-1 14.	*	Iki	nde D	$\mathcal{C}^{(A)}$		)(11(		· · · · ·	ζ.	457	

All reports and information obtained from individual reports will be kept confidential as required by Section 709(e) of Title VII WILLFULLY FALSE STATEMENTS ON THIS REPORT ARE PUNISHABLE BY LAW, U.S. CODE, TITLE 18 SECTION 1001.



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Supplement Information Equal Employment Opportunity Employer Information Report EEO-1 2002

As instructed by the JRC employees who work out of home offices were included in the Headquarter Unit Report.

Other offices of which no forms were provided are listed below. The counts are included in the Consolidated Report as instructed to do so by the JRC.

Teligent-Minnesota Office2499 North Rice StreetSuite 260Roseville, MN 551131 professional, male, white

Teligent –New York City Office 111 8<sup>th</sup> Ave, Suite 313 New York, NY 10011 2 Professional, males, white 1 craft, male, black

Teligent-Ohio location15248 Neo ParkwayGarfield Heights, OH 441281 Professional, male, white

Joint Reporting Committee	EQUAL EMPLOYMENT C EMPLOYER INFORMATIO	N REPORT EEO-1 OMB NO	anc ia (* .ke /)/ ). 3045-0007
Equal Employment	2002	EXPIRES 1	1 30 02
Opportunity Com- mission			
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Contract Compli-	TY=059 FAIRFAX		
CO=X390726	EI=5418665625	X390726-3	
U=X390726	CC=99		
S=3	MSN=00000000		
SIC=4812 NAICS=513322 TELIGENT INC TELIGENT INC	MC=00000	RETURN COMPLETED REP THE JOINT REPORTING P.O. Box 779 Norfolk VA 23501	COMMITTEE
8065 LEESBURG PIKE -		PHONE: (757) 461-121	3
STE			
VIENNA VA 22182-2738			
	THIS FORM FOR YOUR HEAD Section A TYPE to instructions for number and typ	OF REPORT	
. Indicate by marking in the appropriate box ONE BOX).			NLV
(1) 🔲 Single-establishment Employe		1 ( 1 )	
	(4)	• • • •	
	(4) (5) (5) (5) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5	Individual Establishment Report (subi establishment with 50 or more employ Special Report	/ecs)
<ol> <li>Total number of reports being filed by Section B – COMPAN</li> <li>Parent Company</li> <li>a Name of parent company (owns or controls</li> </ol>	(4) (4) (5) (5) (5) (7) (4) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Individual Establishment Report (subi establishment with 50 or more employ Special Report lidated Report Only) answered by all employers)	

PKm.L		
·······	State	
this report is file	d (Omit if same as label)	

416,0 11ci Dalen Ь City or town ZIP code Heinden 11201 с 2. Establishment for which a Name of establishment  $j \in \{1\} \in \{1\}$ Address (Number and street)  $i \in [C]$   $j \in [C]$ d State City or town County ZIP code Í Í T X f Provid Heroden メノスレ e 

<ul> <li>Employers Identification No. (IRS 9-DIGIT TAX NUMBER)</li> </ul>	5	1	C	• ,	9	Ċ	(	-]	-1	ť	

Was an EEO-1 report filed for this establishment last year? Yes No с

# Section C – EMPLOYERS WHO ARE REQUIRED TO FILE (To be answered by all employers)

] Yes 🔄 No 1. Does the entire company have at least 100 employees in the payroll period for which you are reporting?									
] Yes 💽 No 2. Is your company affiliated through common ownership and/or centralized management with other entities									
in an enterprise with a total employment of 100 or more?									
Yes 💽 No 3. Does the company or any of its establishments (a) have 50 or more employees AND (b) is not exempt									
as provided by 41 CFR 60-1.5, AND either (1) is a prime government contractor or first-tier subcontractor.									
and has a contract, subcontract, or purchase order amounting to \$50,000 or more, or (2) serves as a									
depository of Government funds in any amount or is a financial institution which is an issuing or paying									
agent for U.S. Savings Bonds and Savings Notes?									
If the response to question C-3 is yes, please enter your Dun and Bradstreet identification number (if you									
have one):									
]									

" 100 Page 2 CO=X390726 S=3 U=X390726

TELIGENT INC

Section D—EMPLOYMENT DATA Employment at this establishment – Report all permanent full-time and part-time employees including apprentices and on-thejob trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zeros.

					NUMBE	R OF EMP	LOYEES				
	OVERALL			MALE					FEMALE		
JOB CATEGORIES	TOTALS	WHITE INOT OF HISPANIC ORIGINA	BLACK INOT OF HISPANIC ORIGINI	HISPANIC	ASI AN OR PACIFIC ISLANDER	AMERICAN INDEAN OR ALASKAN NATIVE	WHITE (NOT OF HISPANIC ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NA HVE
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Officials and Managers	1.1.2	t					41				
Professionals 2	2 19	13	.2		ス		11			.)	
Technicians 3	3										
Sales Workers 4	3	3									
	5 6	5			1		ノ				
Craft Workers (Skilled)	6 2	1									
Operatives (Semi-Skilled)	7										
Labors (Unskilled) 8								· · · · · · · · · · · · · · · · · · ·			
Service Workers	)										
<b>TOTAL</b> 10	5.1	30	う		3		ile			ス	
Total employment reported in previous EEO-1 report 1	281	98	22	7	31	0	72	27	6	18	0_

NOTE: Omit questions 1 and 2 on the consolidated Report

1. Date(s) of payroll period used:

2. Does this establishment employ apprentices?

g.

1 Yes 2 No

Section E—Establishments Information	10	, ~	, , , ,	m .
Section E E stantishments Information	II mut on th	401 014	condatod	Ronorth
Dection L' Locabilitation of marine		$n^{\circ} \cup 0n^{\circ}$	sonaarea.	Λείστει
	<b>`</b>			

1. What is the major activity of this establishment? ( Be specific, i.e. manufacturing steel castings, retail grocer, wholesale	OFFICE
plumbing supplies, title insurance, etc Include the specific type of product or type of service provided, as well as the principal	USE ONLY
business or industrial activity.)	: 
SIC =4812 . CELLULAR CARRIERS	i f
NAICS= 513322 CELLULAR AND OTHER WIRELESS TELECOMMUNICATIONS	ł

# Section F—Remarks

Use this item to give any identification data appearing on the last report which differs from that given above, explain major changes in composition of reporting units and other pertinent information.

Alters Autor in	adress change ff ?	Cl. Job	in the second of the second	· · · · ·
Section G—CERTIFICATION (See Instructions G)				
Check I All reports are accurate and were prepared in accordance with the instructions (check on consolidated only)				
one 2 This report is accurate and was prepared in accordance with instructions.				
Name of Certifying Official	Title 12	Signature	1	Date
Lyphile MI Duris	Title HK MCSI.	Fipin	the present	12/12/02
Name of person to contact	Address (Number and Street)			
egarding this report (type or				
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itle <i>Paupiciti 1.16</i> ,	City and State	Zip Code	Telephone Number (Including	Extension
16. (1111 1. CZ).			Aiea Code) 763 426- 4466	11-1-13
11 - 1-16,1	ATING SA VE	21 10	763 526: 4466	4515

Il reports and information obtained from individual reports will be kept confidential as required by Section 709(e) of Title VII WILLFULLY FALSE STATEMENTS ON THIS REPORT ARE PUNISHABLE BY LAW, U.S. CODE, TITLE 18 SECTION 1001.