

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION I - General Information

1. Name and Mailing Address of Respondent
Comporium, Inc.
P.O. Box 470
Rock Hill, SC 29731

☐ Check here if this
is a change of
address.

2. Year Report Filed

2019

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

03/09/2019

4. Number of Full-Time Employees during Selected
Reporting Period (check one):

- a. ☐ Fewer than 16 (complete Sections I, IV, and V only)
b. ☒ 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Job Categories	Number of Employees (Report employees in only one category)														Total Columns A - N
	Race/Ethnicity														
	Hispanic or Latino		Male						Not-Hispanic or Latino						
			Female						Two or more races						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Executive/Senior Level Officials and Managers	1	0	0	21	0	0	0	0	2	1	0	0	0	0	24
First/Mid-Level Officials and Managers	2	0	0	71	4	0	1	0	33	0	0	0	0	0	111
Professionals	3	0	0	119	16	0	3	1	78	7	0	0	0	0	224
Technicians	4	1	0	163	9	0	0	0	8	3	0	0	0	0	184
Sales Workers	5	0	0	20	2	0	1	0	41	7	0	0	1	1	73
Administrative Support Workers	6	0	0	12	2	0	0	0	148	25	0	0	0	1	189
Craft Workers	7	5	0	263	12	0	2	0	2	1	0	0	0	0	285
Operatives	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	9	0	0	13	4	0	0	0	1	1	0	0	0	0	20
Service Workers	10	0	0	1	2	0	0	0	4	1	0	0	0	0	8
TOTAL	11	8	0	683	51	0	7	1	2	317	46	0	1	2	1,118
PREVIOUS YEAR TOTAL		3	0	679	50	0	7	1	2	330	44	0	1	2	1,120

SECTION III - Part-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)															Total Columns A - N
		Race/Ethnicity															
		Hispanic or Latino		Not-Hispanic or Latino													
				Male				Female									
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
Executive/Senior Level Officials and Managers	1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	2	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	3
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	5	0	0	0	0	0	0	0	0	5	4	0	0	0	0	0	9
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	0	0	2	0	0	0	0	0	6	4	0	0	0	0	0	12
PREVIOUS YEAR TOTAL	11	0	0	4	0	0	0	0	0	7	2	0	0	0	0	0	13

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.




This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.



This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	Typed or Printed Name of Person Signing Andrea Cooper	Signature 	Telephone No. (803) 326-7280
Title of Person Signing Vice President of Human Resources		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	