U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)													OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
				-		E OF RI	-											
		SECT	TION E	B – EMP	PLOYE	R IDEN	TIFICA	TION										
OFS COMPANY ID								OYER N										
1357752						BAI	JSCH F	HEALTI	H US L	LC								
ADDRESS							C	TY/TOV	VN			STATE		ZIP CC	DDE			
400 Somerset Corpor	rata Bai	ulovard						OGEWA				NJ		0880				
•														0000	J1			
SECTION C - HI	EADQU	ARTE	RS OR	ESTAE								able)						
HQ/ESTABLISHMENT-LEVEL UNIT ID		HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME																
	ENT-LEVEL ADDRESS CITY/TOWN STATE ZIP C																	
HEADQUARTERS OR ESTABLISHMI	ENT-LEVEL ADDRESS CITY/TOWN STA													ZIP CC	DDE			
	SECTI	ON D -	- EMPI															
330949894 SECTION E – EMPLOYER FILING ELIGIBILITY																		
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)																		
520	011011					G1L1GI			п аррис	uoic)								
☐ YES (Single-Establishm	ant Emr		-						ant Em	nlover ic	Fadara	1 Contra	ctor)					
	-	•																
X YES (F	Ieadqua	rters is	Federal	Contrac	ctor)	YES (N	Ion-Head	dquarter	s Establ	ishment	is Feder	ral Contr	actor)					
		XY	ES (O	ne or Mo	ore Non	-Headqı	arters E	Establish	ments i	s Federa	l Contra	actor)						
						INFOR												
	55111								o Office	es								
	551114 - Corporate, Subsidiary, and Regional Managing Offices SECTION H – WORKFORCE DEMOGRAPHIC DATA																	
							Race/E	thnicit	У									
	Hisp	anic					Not	Hispar	ic or L	atino					1			
		atino			M	lale					Fer	nale			1			
				_		ger o	5	Se		ے		o de	ō	Se				
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	an (Two or More Races	Row			
JOB CATEGORIES		<u>o</u>	•	ck or Afric American	_	l iii l	nerican Indian Alaska Native	2	•	o eri	_	l iii lis	American Indian Alaska Native	2	Total			
	Male	Female	White	Ę S	Asian	fic &	ΞŽ	9.0	White	Black or	Asian	fi 🦹	ΞŽ	ore	lotai			
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						2 g	1	-				2 g	4	-				
Executive/Senior Level Officials and Managers	4	0	31	4	4	0	0	0	6	0	4	0	0	0	44			
First/Mid-Level Officials and Managers	7	9	176	13	38	1	1	1	80	8	29	0	1	2	366			
Professionals	16	24	107	8	47	0	0	5	121	20	51	1	0	4	404			
Technicians	2	0	13	1	4	0	0	0	4	0	0	0	0	0	24			
Sales Workers	28	36	278	36	13	0	1	15	396	13	15	3	5	10	849			
Administrative Support Workers	0	7	5	0	0	0	0	0	19	11	6	0	0	0	53			
Craft Workers Operatives	3	0	0	0	6	0	0	1	0 4	1	0 22	1	0	0	0 47			
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Service Workers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1			
CURRENT 2023 REPORTING YEAR TOTAL	57	77	618	60	113	2	2	22	630	53	124	5	6	19	1788			
PRIOR COSC PERCETING VECTOR	5 2	67	620	60	404	2	2	24	017	40	100	2	-	40	1700			
PRIOR 2022 REPORTING YEAR TOTAL	52	67	629	60 WORK	121 FORCI	C CNIAD	2 SHOT I	21 PEDIO	617	46	123	3	5	18	1766			
		SECII)N I –			E SNAP		EKIU.	υ									

12/16/2023 - 12/29/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION 5/24/2024 11:52 AM [EST]

EMBLOVED/C CED	PHEVING OFFICIAL
EMPLOYER'S CER	FIFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
Kathleen Fitzpatrick	Senior Vice President, Chief Human Resource Office
Email Address of Certifying Official	Telephone Number of Certifying Official
kathleen.fitzpatrick@bauschhealth.com	908-952-5991
PRIMARY POINT OF CONTACT (POC) I	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Danielle Sabatelle	Executive Director Global Talent
	Bausch Health US, LLC
Email Address of Primary POC	Telephone Number of Primary POC
Danielle.sabatelle@bauschhealth.com	267-974-7039

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
				-		E OF RI	-											
		SECT	ION R	– EMP	LOVE	R IDEN	TIFICA	TION										
OFS COMPANY ID		BECI	1011 1	121111	LOIL	K IDEI		OYER N	AME									
1357752						BAL	JSCH F	IEALTH	H US LI	LC								
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE			
400 Somerset Corpor											NJ 08807							
SECTION C – HE HO/ESTABLISHMENT-LEVEL UNIT ID	CADQU	ARTEI	RS OR									able)						
1357752	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Bausch Health US LLC																	
HEADQUARTERS OR ESTABLISHME														ZIP CO	DE			
400 Somerset C												NJ		0880)7			
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 330949894																	
		SECTIO	ON E –			FILING	ELIGI	BILITY	Y									
X YES (Employer Is Eligible										NO LON	IGER I	IN BUS	INESS					
SEC	CTION					OR DE			if applic	able)								
□ v mq (q; 1 E , 1); 1	. 15		_			G1L1GE				, .	F 1	1.0						
YES (Single-Establishme	-	•								•								
X YES (H	leadqua				. —			-					actor)					
						-Headqu INFOR			ments i	s Federa	l Contra	actor)						
	551114	4 - Cor	oorate,	Subsid	liary, ar	nd Regi	onal Ma	anaging	g Office	S								
	SE	CTION	I H – V	ORKF	ORCE	DEMO									1			
	Llian	ania	ı				Race/E			atin a								
	Hisp or La				М	ale	NOU	Hispan	IIC OF L	atino	Fen	nale						
JOB CATEGORIES	Male	Female	White										Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Two or More Races					
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	2	6	30 70	4	3 27	0	0	1	6 44	6	22	0	0	0	42 182			
Lovoi Omoidio dila Managoro	_					_	_	•						_				

SECTION I - WORKFORCE SNAPSHOT PERIOD 12162023 - 12292023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

Professionals

Technicians

Sales Workers

Craft Workers

Service Workers

Laborers and Helpers

Operatives

Administrative Support Workers

CURRENT 2023 REPORTING YEAR TOTAL

PRIOR 2022 REPORTING YEAR TOTAL

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

		Lapitat	on Date. 11/30/2020										
	SECTION A - T	TYPE OF REPORT											
	ESTABLISHME	NT-LEVEL REPORT											
SECTION B – EMPLOYER IDENTIFICATION													
OFS COMPANY ID EMPLOYER NAME													
1357752 BAUSCH HEALTH US LLC													
ADDRESS CITY/TOWN STATE ZIP CODE													
400 Somerset Co	NJ	08807											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
A535666		Bausch Health US LLC											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
8540 Colonnade C	enter Dr, Suite 300	RALEIGH	NC	27615									
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 330949894													
	SECTION E – EMPLOYER FILING ELIGIBILITY												

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): G1L1GBQUTGH5

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

424210 - Drugs and Druggists' Sundries Merchant Wholesalers SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	4	0	0	0	0	0	6
Professionals	0	1	2	0	0	0	0	0	2	1	0	0	0	0	6
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	0	1	4	0	0	0	0	0	7	1	0	0	0	0	13
PRIOR 2022 REPORTING YEAR TOTAL	0	1	4	0	0	0	0	0	12	0	0	0	0	0	17

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162023 - 12292023

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

		Expirati	on Date: 11/30/2026								
	SECTION A - T	YPE OF REPORT									
	ESTABLISHMEI	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
1357752	1357752 BAUSCH HEALTH US LLC										
ADDRES	CITY/TOWN	STATE	ZIP CODE								
400 Somerset Co	rporate Boulevard	BRIDGEWATER	NJ	08807							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Ι Ε								
EA38724		Bausch Health US LLC									
HEADQUARTERS OR ESTABLIS	STATE	ZIP CODE									
11818 North (WA	98011									
_	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)									

680373593

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): G1L1GBQUTGH5

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

334510 - Electromedical and Electrotherapeutic Apparatus Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	21	0	3	1	0	0	4	0	3	0	0	0	33
Professionals	3	2	35	1	12	0	0	4	16	0	7	0	0	0	80
Technicians	2	0	13	1	4	0	0	0	3	0	0	0	0	0	23
Sales Workers	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2
Administrative Support Workers	0	0	0	0	0	1	0	0	3	0	0	0	0	1	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	3	1	8	0	6	0	0	1	4	1	22	1	0	0	47
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	9	4	77	2	25	2	0	5	31	1	32	1	0	1	190
PRIOR 2022 REPORTING YEAR TOTAL	8	6	78	2	26	2	0	4	31	1	34	0	0	2	194

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162023 - 12292023

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A - TYPE OF REPORT ECTABLICUMENT LEVEL DEDODT

	ESTABLISHIVIE	NI-LEVEL REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
1357752				
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
400 Somerset Co	rporate Boulevard	BRIDGEWATER	NJ	08807
SECTION C -	- HEADQUARTERS OR ESTABLIS	SHMENT-LEVEL IDENTIFICATION (if appl	licable)	
HO/ESTABLISHMENT-LEVEL UNIT ID	HE	ADOUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	

FP74580 Bausch Health US LLC HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 94954

1330 Redwood Way **PETALUMA** CA

SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): G1L1GBQUTGH5

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

325411 - Medicinal and Botanical Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	2	1	6	0	6	0	0	0	1	0	4	0	0	0	20
Professionals	5	2	5	1	2	0	0	1	9	0	11	0	0	1	37
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	7	3	12	1	9	0	0	1	10	0	15	0	0	1	59
PRIOR 2022 REPORTING YEAR TOTAL	7	1	11	1	9	0	0	1	9	0	18	0	0	1	58

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162023 - 12292023

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Additional Non-Binary Employee Data: 1 non-binary employee in Job Category Professionals; Race/Ethnicity: White(Not Hispanic or Latino)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2023 EMPLOYER	2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: 3046-0049 Expiration Date: 11/30/2026											
	SECTION A - T	TYPE OF REPORT										
	ESTABLISHME	NT-LEVEL REPORT										
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID		EMPLOYER NAME										
1357752 BAUSCH HEALTH US LLC												
ADDRESS CITY/TOWN STATE												
400 Somerset Corporate Boulevard BRIDGEWATER NJ 08807												
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE									
FZ20341		Bausch Health US LLC										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
400 Somerset Corp	Blvd, Field Sales	BRIDGEWATER	NJ	08807								
		ENTIFICATION NUMBER (EIN) 0949894										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS								
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): G1L1GBQUTGH5											
☐ YES (Single-Establis	☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)											

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

424210 - Drugs and Druggists' Sundries Merchant Wholesalers
SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	3	1	77	9	2	0	1	0	27	2	0	0	1	2	125
Professionals	1	0	5	0	2	0	0	0	5	0	2	0	0	0	15
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	27	36	274	36	13	0	1	15	394	13	15	3	5	10	842
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	31	37	357	45	17	0	2	15	426	15	17	3	6	12	983
PRIOR 2022 REPORTING YEAR TOTAL	28	32	350	46	19	0	2	15	408	14	11	3	5	10	943

SECTION I - WORKFORCE SNAPSHOT PERIOD

12162023 - 12292023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)