

RI Department of Labor and Training - Division of Workforce Regulation & Safety Professional Regulation Unit/Prevailing Wage Section

1511 Pontiac Avenue Building 70, P.O. Box 20247 Cranston, RI 02920-0943

## **Rhode Island Certified Weekly Payroll**

| Contractor:   | Points North (CPW Sample Reports) |   |          |      |                       |      |        |                 | Subcontractor: |                          |                        |                      |                   |               |          |          |           |         |          |            |
|---|-----------------------------------|---|----------|------|-----------------------|------|--------|-----------------|----------------|--------------------------|------------------------|----------------------|-------------------|---------------|----------|----------|-----------|---------|----------|------------|
| Address:  | 371 Canal Park Dr                 |   |          |      |                       |      |        |                 | Addre          | ss:                      |                        |                      |                   |               |          |          |           |         |          |            |
| City/Town:  | Newport                           |   | State:   | F    | 21                    | Zip: |        | 02801           |                | City/T                   | own:                   |                      |                   |               |          | State:   |           | Zip:    |          |            |
| Phone #:  | 775 111 111                       | 775 111 1111         Email:           Project/         5/5/2012 |          | ail: | JohnSmith@P           |      | @Point | PointsNorth.com |                | Phone #:                 |                        |                      |                   |               | Email:   |          |           |         |          |            |
| For Week Ending:                                    | 5/5/2012                          |   |          |      | Stable Work 2904 Newp |      |        |                 | <b>D</b> .     |                          | Wage Decision #: 01234 |                      | Decision<br>Date: |               | 5/1/2012 |          |           |         |          |            |
| Name, Address                                       | Work                              |   | S        | М    | Т                     | W    | Т      | F               | S              | Total                    | Hourby                 | Hourly               |                   |               |          | De       | eductions |         |          |            |
| and Phone Number                                    | Classification                    | Date:   | 4/29     | 4/30 | 5/1                   | 5/2  | 5/3    | 5/4             | 5/5            | Total Hourly<br>Hrs Rate | Fringe                 | Gross                | Social            | Medi-         | Withheld |          | RI        | *Other  | Net      |            |
| of Employee   | Apprentice %                      |   | <u> </u> | H    | ours W                | r    | Each D | -<br>-          | 1              |                          |                        | Benefit              |                   | Security care |          | Federal  | State TDI |         |          |            |
| Hiko, Lee<br>120 Jones St<br>Springfield, IL 62701  | Laborer                           | P.S.  | 0        | 8    | 8                     | 8    | 8      | 8               | 0              | 40                       | 22.00                  | \$1012.00            | \$1012.00         |               |          |          |           |         |          |            |
|   |                                   | P.O.  | 0        | 0    | 0                     | 0    | 0      | 0<br>0          | 4              | 4                        | 33.00                  |                      | \$12.00           | \$0.00        | \$110.00 | \$40.00  | \$14.00   | \$0.00  | \$704.00 |            |
|   | 0                                 | R.H.  | 0        | 0    | 0                     | 0    | 0      |                 | 0              |                          |                        |                      | \$880.00          |               |          |          |           |         |          |            |
|   |                                   | R.O.  | 0        | 0    | 0                     | 0    | 0      | 0               | 0              |                          |                        |                      |                   |               |          |          |           |         |          |            |
| Lew, Matt<br>84 Amburst Rd<br>Springfield, IL 62701 | Operator                          | P.S.  | 0        | 8    | 8                     | 8    | 8      | 8               | 0              | 40                       | 22.00                  | \$2.00               | \$1012.00         | \$21.00       | \$11.00  | \$150.00 | \$52.00   | \$12.00 | \$0.00   | \$942.00 . |
|   |                                   | P.O.  | 0        | 0    | 0                     | 0    | 0      | 0               | 4              | 4                        | 33.00                  |                      |                   |               |          |          |           |         |          |            |
|   | 0                                 | R.H.<br>R.O.  | 0        | 0    | 0                     | 0    | 0      | 0               | 0              |                          |                        |                      | \$1188.00         |               |          |          |           |         |          | 1          |
| Ritz, Jes   | Electrician                       | P.S.  | 0        | 4    | 0                     | 0    | 0      | 0               | 0              | 4                        | 20.00                  |                      |                   |               |          |          |           |         |          |            |
| 41 Cattail Lane<br>Springfield, IL 62701            |                                   | P.O.  | 0        | 0    | 0                     | 0    | 0      | 0               | 0              |                          |                        | \$3.15               | \$80.00           | \$20.00       | \$0.00   | \$180.00 | \$41.00   | \$0.00  | \$0.00   | \$759.00   |
|   | 0                                 | R.H.  | 0        | 0    | 0                     | 0    | 0      | 0               | 0              |                          |                        | , <del>\$</del> 3.15 | \$1000.00         | φ20.00        | ψ0.00    | \$100.00 | φ41.00    | φ0.00   | φ0.00    | \$759.00   |
|   | 0                                 | R.O.  | 0        | 0    | 0                     | 0    | 0      | 0               | 0              |                          |                        |                      | φ1000.00          |               |          |          |           |         |          |            |
| Wacki, Bill<br>10 Wards Rd<br>Springfield, IL 62701 | Laborer                           | P.S.  | 0        | 8    | 2                     | 0    | 0      | 0               | 0              | 10                       | 16.00                  |                      |                   |               |          | \$20.00  | \$5.00    | \$0.00  | \$0.00   | \$133.00   |
|   |                                   | P.O.  | 0        | 0    | 0                     | 0    | 0      | 0               | 0              |                          |                        | \$160.0<br>\$2.50    | \$160.00          |               | \$0.00   |          |           |         |          |            |
|   | 0                                 | R.H.  | 0        | 0    | 0                     | 0    | 0      | 0               | 0              |                          |                        |                      | \$160.00          |               |          |          |           |         |          |            |
|   | -                                 | R.O.  | 0        | 0    | 0                     | 0    | 0      | 0               | 0              |                          |                        |                      |                   |               |          |          |           |         |          |            |
|   |                                   | P.S.  |          |      |                       |      |        |                 |                |                          |                        |                      |                   |               |          |          |           |         |          |            |
|   |                                   | P.O.  |          |      |                       |      |        |                 |                |                          |                        |                      |                   |               |          |          |           |         |          |            |
|   |                                   | R.H.  |          |      |                       |      |        |                 |                |                          |                        |                      |                   |               |          |          |           |         |          |            |
|   |                                   | R.O.  |          |      |                       |      |        |                 |                |                          |                        |                      |                   |               |          |          |           |         |          |            |

Legend: P.S.=Prevailing Wage Standard Hours P.O.=Prevailing Wage Overtime Hours R.H.=Regular Hours R.O.=Regular Overtime Hours

## STATEMENT OF COMPLIANCE

|                     |                     |                         |                     | 0171       |           |                   |             | -                      |                         |                          |
|---------------------|---------------------|-------------------------|---------------------|------------|-----------|-------------------|-------------|------------------------|-------------------------|--------------------------|
| I                   | ,                   | Owner                   |                     |            | John S    | mith              | do her      | eby state:             |                         |                          |
|                     |                     | (print name             | e and title of sign | atory par  | tv)       |                   |             |                        |                         |                          |
|                     | (1) That I pay      |                         | the payment of      | • •        | • ·       | loved by:         | Points      | s North (CPW Sample Re | enorts)                 |                          |
|                     | () 1.               | , ,                     | 1 5                 |            |           | , , <u> </u>      |             | contractor or subcor   |                         |                          |
|                     | on the              |                         | Stable Work 2904    |            | , that d  | luring the payrol | period co   | ommencing on           |                         |                          |
|                     |                     |                         | (project)           |            | _         |                   |             | -                      |                         |                          |
|                     | 29                  | day of                  | April               | , 20       | _12,      | and ending c      | n the       | 5 day of               | Мау                     | , 20 <u>12</u>           |
|                     | (day)               |                         | (month)             |            | (year)    |                   |             | (day)                  | (month)                 | (year)                   |
| all persons employ  | yed on said proj    | ect have beer           | n paid the full we  | ekly wag   | es earne  | ed, that no rebat | es have b   | een or will be made    | either directly or indi | irectly to or on behalf  |
| of said             |                     | Points North (C         | PW Sample Report    | 3)         |           | from the fu       | ll weekly   | wages earned by an     | y person and that no    | deductions have been     |
|                     |                     | (contracto              | r or subcontract    | or)        |           |                   |             |                        |                         |                          |
| made either direc   | tly or indirectly f | rom the full w          | ages earned by      | any perso  | on, other | than permissib    | e deducti   | ons as defined in Rh   | node Island General     | Law Chapter 28-14.       |
|                     |                     |                         | •                   |            |           | •                 |             | -                      | -                       | r laborers or mechanics  |
| contained therein a | are not less thai   | n the applicab          | le wage rates co    | ontained i | n the ap  | propriate wage    | determina   | tion for the project;  | that the classification | ns set forth therein for |
| each laborer or me  | echanic conform     | n with the wor          | k they performed    | d.         |           |                   |             |                        |                         |                          |
| (3) That the appr   | entices employe     | ed in the abov          | e period are dul    | y register | ed in a b | ona fide apprer   | ticeship p  | rogram registered w    | ith the Rhode Island    | State                    |
| Apprenticeship Co   | ouncil.             |                         |                     |            |           |                   |             |                        |                         |                          |
| (4) That:           | ן (a) WHERE F       | RINGE BENI              | EFITS ARE PAI       | D TO AP    | PROVE     | D PLANS, FUNI     | os or pf    | ROGRAMS                |                         |                          |
| -                   | In addition to      | the basic hou           | rly wage rates p    | aid to ead | ch labore | er or mechanic l  | sted in the | e above referenced     | payroll, payments of    | fringe                   |
|                     | benefits as lis     | sted in the cor         | tract have been     | or will be | e made v  | vhen due, to app  | propriate p | programs for the ber   | efit of such employe    | es.                      |
| Fringe E            | enefits Explana     | <u>ition</u> : Bona fid | e fringe benefits   | are those  | e paid to | approved plans    | s, funds oi | r programs except th   | nose required by Fed    | eral or State Law.       |
| Diagon o            | no sifu tha tura    | f hanafita nra          | vidad               |            |           |                   |             |                        |                         |                          |
| Please s            | pecify the type of  | bi benefits pro         | vided.              |            |           |                   |             |                        |                         |                          |
| 1.) Medical or hos  | pital care:         |                         |                     |            | _         | 4.) Disabi        | lity:       |                        |                         |                          |
| 2.) Pension or Ret  | irement:            |                         |                     |            | _         | 5.) Vacat         | on, sick, l | noliday:               |                         |                          |
| 3.) Life Insurance: |                     |                         |                     |            | _         | 6.) Other         | (please s   | pecify):               |                         |                          |
| _                   |                     |                         |                     |            | _         |                   |             |                        |                         |                          |

## (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the rate schedule.

(5) In accordance with Chapter 37-13-13, it is mandatory that contractors use these forms for all Rhode Island Department of Labor requests for certified copies of payroll. Failure to submit information on these forms will constitute non-compliance by the responding contractor. These forms must be signed by the owner or an officer of the corporation, certifying that this is a true and exact copy of their payroll records.

| PLEASE PRINT Name and title of owner or officer of the corporation |  |   |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|
|  | John Smith   | Owner   |  |  |  |  |  |  |  |
|  | SIGNATURE  | DATE  |  |  |  |  |  |  |  |
|  |  | 5/9/2012  |  |  |  |  |  |  |  |
| , ,,,  | neral for possible criminal prosecution, including | false or fraudulent statement herein shall be referred<br>fines and imprisonment, and face civil penalties of u<br>esentation |  |  |  |  |  |  |  |