

Illinois Prevailing Wage Act

Township High School District 214 is bound by the requirements of **Public Act 94-0515**, which amends the Illinois Prevailing Wage Act to impose additional obligations on public school districts engaged in "public works" construction projects.

Before payment may be released, the Act **requires** each contractor and sub-contractor to submit to Township High School District 214 a **monthly** certified payroll. The requirements are specified below:

- Names of all laborers, mechanics, and other workers employed,
- Address.
- Telephone number.
- Social security number,
- Classification(s),
- Hourly wages paid in each pay period,
- Number of hours worked each day,
- Starting and ending times of work each day

for each identified worker,

NOTARY PUBLIC

- Submit data in <u>electronic Excel or .pdf</u> format for project time span (cd, diskette or zip),
- Label the exterior of the media with vendor name and purchase order number,
- Submit to Amy McPartlin via EMAIL: amy.mcpartlin@d214.org. <u>FAX</u>: 847.718.7645 MAIL: Township High School District 214, 2121 S. Goebbert Rd, Arlington Heights, IL, 60005

Township High School District 214 is required to retain these records for no less than three (3) years. The contractor or sub-contractor must certify each worker has been paid not less than a general prevailing hourly rate of pay which is required by law. For details please see: http://www.state.il.us/agency/idol/rates/rates.HTM. Township High School District 214 is required to retain these records for no less than three (3) years.

| NOTE: Failure to complete pre-approval and s will result in bidder/contractor disqual | subsequently comply with Public Act 94-0515 alification. | |
|--|---|-------|
| Monthly Pay | yroll Certification | |
| l,, do he (Contractor or Subcontractor's Representative) | ereby certify that attached hereto are true and correct payro | oll |
| records for all laborers, mechanics, and other workers empl | on the project (Contractor or Subcontractor) | ;t |
| known as: for v (Project Description) | which was issued. Such records conta (D214 P.O. Number) | ain a |
| true and accurate statement of each worker's name, addre | ess, telephone number (if available), social security number | ., |
| classification(s), hourly wages paid in each pay period, num | nber of hours worked each day, & starting and ending times | s of |
| work each day. The hourly rate paid to each worker is not le | less than the general prevailing rate of hourly wages require | ed by |
| the Illinois Prevailing Wage Act. I am aware that filing a certi | tified payroll that I know to be false is a Class B misdemean | or. |
| Certified By: Contractor or Subcontractor's Representative | Title of Representative | |
| Printed Contractor or Subcontractor Name | Contractor/Subcontractor Address | |
| Date | SUBSCRIBED and SWORN TO before me | |
| | this day of 20 | |