

Certified Payroll Report

Ohio Department of Administrative Services

General Services Division

State Architect's Office • 4200 Surface Road • Columbus, Ohio 43228-1395

Ohio **DAS**

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Report for:

Company¹ _____

Address _____

City, State, Zip _____

Phone No. _____

☐ Check if Subcontractor¹

Contractor Name _____

Public Authority (Owner) _____

Contract No. _____

Project Name & Location _____

Payroll No. _____

Week Ending _____

Sheet² _____ of _____

Employee Name, Address, Social Security Number ³	Work Class ³	Race/ Sex ³	Hours Worked - Day & Date							Total Hours	Base Rate	Fringes: <input type="checkbox"/> Cash <input type="checkbox"/> Approved Plans <input type="checkbox"/> Cash & Approved Plans						Deductions			
			S	M	T	W	Th	F	S			Fringes Rate Per Hour						With. Tax	Soc. Sec.	Other (list)	Net Pay
												H&W	Pens	Vac	App.	Other	Total				
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By signing below, I certify that: (1) I pay, or supervise the payment of the employees shown above; (2) during the pay period reported on this form, all hours worked on this project have been paid at the appropriate prevailing wage rate for the class of work done; (3) the fringe benefits have been paid as indicated above; (4) no rebates or deductions have been or will be made, directly or indirectly from the total wages earned, other than permissible deductions as defined in ORC Chapter 4115; and (5) apprentices are registered with the U.S. Dept. of Labor, Bureau of Apprenticeship and Training. I understand that the willful falsification of any of the above statements may subject the Contractor or Subcontractor to civil or criminal prosecution.

Type or Print Name and Title _____ Signature _____ Date _____