

CITY OF SAN JOSE PUBLIC WORKS PAYROLL REPORTING FORM



	CONTRACTOR'S LICENSE#	ADDRESS
WEEK ENDING	SELF-INSURED CERTIFICATE#	PROJECT AND LOCATION
	WORKERS' COMPENSATION POLICY#	PROJECT AND LOCATION

(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) WORK CLASSIFICATION	(3) DAY							(4) TOTAL HOURS	(5) HOURLY RATE OF PAY	(6) GROSS AMOUNT EARNED			(7) DEDUCTIONS – EMPLOYEE PAID (DOES NOT INCLUDE BENEFIT OR OTHER EMPLOYER PAYMENTS)					(8) NET WAGES PAID FOR WEEK		CHECK NO.
		M	T	W	TH	F	S	S													
		DATE																			
		HOURS WORKED EACH DAY																			
Employee:	San Jose Project	S								SAN JOSE PROJECT	TRAVEL & SUBSISTENCE	TOTAL ALL WORK	FED. TAX	FICA (Soc Sec)	STATE TAX	SDI	HEALTH & WEL-FARE				
		O																			
	All Other Work:	S											PENSION	SAVINGS	OTHER*	OTHER*	TOTAL DEDUCTIONS				
		O																			
Employee:	San Jose Project	S								SAN JOSE PROJECT	TRAVEL & SUBSISTENCE	TOTAL ALL WORK	FED. TAX	FICA (Soc Sec)	STATE TAX	SDI	HEALTH & WEL-FARE				
		O																			
	All Other Work:	S											PENSION	SAVINGS	OTHER*	OTHER*	TOTAL DEDUCTIONS				
		O																			
Employee:	San Jose Project	S								SAN JOSE PROJECT	TRAVEL & SUBSISTENCE	TOTAL ALL WORK	FED. TAX	FICA (Soc Sec)	STATE TAX	SDI	HEALTH & WEL-FARE				
		O																			
	All Other Work:	S											PENSION	SAVINGS	OTHER*	OTHER*	TOTAL DEDUCTIONS				
		O																			

Revised 9.1.2011
 S = Straight time
 O = Overtime
 SDI = State Disability Insurance

*OTHER. Any other deductions, whether or not included or required by prevailing wage determinations, must be separately listed. Use extra sheet if necessary.

NOTE: CERTIFICATION STATEMENT MUST BE COMPLETED AND THE ORIGINAL SIGNED STATEMENT ATTACHED TO THE PAYROLL