## MASSPORT WEEKLY CERTIFIED PAYROLL REPORT FORM (FORM CP2) & WORKFORCE UTILIZATION REPORT

Issued: 03/08/10 Revised Date: 05/11/11

	& WORKFORCE UTILIZATION REPORT Revised Date: U5/11/11																				
Your Company's Name:						Address:							Phone No.:				Mass. Prevailing Wage Rates Sheet Wage Request Number or Job ID #				
General/Prime Contractor's Name:					Massport Project Name:							Project City:				Report #:					
Work Week Ending Date:					Massport Contract #:							No Work Week?				Final Report?					
												Check if No Work week				Check if Final Report					
																	ourly Fringe Benefit				
Worker Name /	Gender	Ethnic (Minority)	OSHA 10	Work	Apprentice Step		Hours Worked						Total Massport Hours	Hourly Base Wage	Health & Welfare	Pension Plan	Supp. Unemp. / Annuity	Total Hourly Wage	Massport Gross Wages	Check No.	
Complete Address / Zip Code (Last Line)	Code	Code	Cert.?	Classification	(Attach ID)		Su	Мо	Tu	We	Th	Fr	Sat	(A)	(B)	(C)	(D)	(E)	(F) (B+C+D+E)	(G) (A x F)	(H)
		\//N1			ST								0.00	\$0.000				\$0.00	\$0.00		
			Y/N			ОТ								0.00	\$0.000				\$0.00		
			Y/N			ST								0.00	\$0.000				\$0.00	\$0.00	
			1711			ОТ								0.00	\$0.000				\$0.00		
			Y/N	/N		ST								0.00	\$0.000				\$0.00	\$0.00	
			1711			ОТ								0.00	\$0.000				\$0.00		
			Y/N			ST								0.00	\$0.000				\$0.00	\$0.00	
						ОТ								0.00	\$0.000				\$0.00		
			Y/N	/N		ST								0.00	\$0.000				\$0.00	\$0.00	
			1711			ОТ								0.00	\$0.000				\$0.00		
			Y/N	//N		ST								0.00	\$0.000				\$0.00	\$0.00	
		171	1714			ОТ								0.00	\$0.000				\$0.00		
			Y/N	Y/N		ST								0.00	\$0.000				\$0.00	\$0.00	
			1719			ОТ								0.00	\$0.000				\$0.00		
		Y/N	//N		ST								0.00	\$0.000				\$0.00	\$0.00		
					ОТ								0.00	\$0.000				\$0.00			
OTE: Pursuant to M.G.L. ch. 149, s. 27B, every contractor and subcontractor is required to submit a true and accurate copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in civil or criminal penalties under M.G.L. ch. 149, s. 27C.  WORKFORCE UTILIZATION REPORT (EEO GOALS)																					

SIGNATURE:	DATE:	ETHNIC CODES: GENDER CODES
		1) CAUCASIAN 1) MALE
		2) BLACK OR 2) FEMALE AFRICAN-
NAME:	TITLE:	AMERICAN
		3) HISPANIC OR LATINO
		4) ASIAN OR NATIVE
		HAWAIIAN
EMAIL:		5) AMERICAN INDIAN 6) OTHER
		-, <u>-</u>

	Weekly Total Hrs	Weekly Ethnic (Minority) Hrs	Weekly Female Hrs	Previous Week Total Hrs	Previous Week Ethnic (Minority) Hrs	Previous Week Female Hrs	Total Hrs to Date	Total Ethnic (Minority) Hrs to Date	Total Female Hrs to Date
Worker Hours	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Worker Perct. %	Χ	0.0%	0.0%	Χ	0.0%	0.0%	Χ	0.0%	0.0%
	10.0%	6.9%							

EEO GOALS: ETHNIC (MINORITY)=10%, FEMALE=6.9%

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SEND ONLY ONE COPY TO:	Prevailing Wage Auditor, Legal Department, Massachusetts Port Authority, 1 Harborside Dri	ve,
Boston, MA 02128, and if req	uested, to the Massport Resident Engineer or Capital Programs Project Manager.	