

PUBLIC WORKS PAYROLL REPORTING FORM

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		NAME OF CONTRAC	OF CONTRACTOR: SUBCONTRACTOR:							CONTRACTOR'S LICENSE NO.: SPECIALITY LICENSE NO.: ADDRESS:												
	PAYROLL NO.:					FOR WEEK ENDING:						SELF-INSURED CERTIFICATE NO.: PROJECT OR CONTRACT NO.:										
	(4)			DAY				(5)	(6)	WORKERS' COMPENSATIO		ION POLICY NO.: PROJECT AND LOCATION:										
(1)	(2)	(3)		M	T W	TH	F	S	S				(7)				(8)				(9))
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE ON HISTORY OF THE PROPERTY OF THE PROPER							ΓЕ			TOTAL	HOURLY RATE OF PAY	GROSS AMOUNT EARNED		DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS							CHECK	
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*OTHER - Any other deductions, contributions and/or payments whether or not included or required by prevailing

wage determinations must be separately listed. Use extra sheet(s) if necessary

NOTICE TO PUBLIC ENTITY

For Privacy Considerations

Fold back along dotted line prior to copying for release to general public (private persons). (Paper Size then $8-1/2 \times 11$ inches)

I,, the undersigned, am the (Name – print)
with the authority to act for and on behalf of (Position in business)
, certify under penalty of perjury (Name of business and/or contractor)
that the records or copies thereof submitted and consisting of (Description, number of pages)
are the originals or true, full, and correct copies of the originals which depict the payroll record(s)
of the actual disbursements by way of cash, check, or whatever form to the individual or
individuals named.
Date: Signature:

A public entity may require a stricter and/or more extensive form of certification.