

WEEKLY PAYROLL REPORT FORM
THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF CAPITAL ASSET MANAGEMENT

DCAM Project No. MPA/DCAM # Project Name & Location: Mass Test Name of Project Location of Project City, MA 02698
 Name of General Contractor Mass Test ☐ Check here if this is a final report
 Name of Contractor Filing Report Mass Test Address 2378 Dane Hill Road West Charleston, MA 05982
 Week Ending 1/4/2003 2378 Dane Hill Road 1 Date Work Began 10/15/2002 Date Work Completed 6/15/2006

Employee Name & Address	Work Classification	Hours Worked							(A) Total Hours	(B) Hourly Base Wage	Employer Contributions			(F) (B+C+D+E) Hourly Total Wage (prev. wage)	(G) (A*F) Weekly Total Amount
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			(C)	(D)	(E)		
		12/29	12/30	12/31	01/01	01/02	01/03	01/04			Health & Welfare	Pension	Supp. Unemp.		
Equipment, John J PO Box 111 Newport, MA 06221	Equip. Opers.														
									OT						
		0	16	8	8	8	8	0	ST	48	20	0.21	2.50	1.67	\$ 24.38
Laborer, Laura B. PO Box 798 West Charleston, MA 02112	Laborer, Semi-Skilled														
									OT						
		0	8	8	8	8	8	0	ST	40	18	0.25	3.00	2.00	\$ 23.25
Mason, Mark L. PO Box 888 Derby, MA 02613	Cement Masons														
									OT						
		0	8	8	8	8	8	0	ST	40	23.5	0.25	3.00	2.22	\$ 28.97
Supervisor, Sam L. 177 Main Street West Charleston, MA 02698	Supervisors														
									OT						
		0	8	8	8	8	8	0	ST	40	45	0.25	3.00	2.22	\$ 50.47
									OT						
									ST						

NOTE: Every contractor and subcontractor is required to submit a copy of their weekly payroll records to DCAM.

The undersigned states under the pains & penalties of perjury that the above provided and attached information is a true and accurate record of each person employed on the project and the hours worked and wages paid to each such employee, including payments to the refrence benefits. M.G.L. c. 149 27B.

Authorized signature _____ Print Name Betty A. Bookkeeper Print Title Bookkeeper

Mail to: Division of Capital Asset Management
 Compliance Office
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