Prevailing Wage Certification

Township High School District 214 is bound by the requirements of Public Act 94-0515, which amends the Illinois Prevailing Wage Act to impose additional obligations on public school districts engaged in "public works" construction projects.

The Act requires each contractor and sub-contractor to submit to Township High School District 214 a monthly certified payroll containing the following for each project:

- names of all laborers, mechanics, and other workers employed
- address
- telephone number
- social security number

- classification (s)
- hourly wages paid in each pay period
- the number of hours worked each day
- starting and ending times of work each day for each identified worker

The contractor or sub-contractor must also certify each worker will be paid not less than a general prevailing hourly rate of pay which is required by law. Please reference for additional details: http://www.illinois.gov/idol/Laws-Rules/CONMED/Pages/prevailing-wage-rates.aspx.

If the district approves a purchase order to the bidder listed below, the following requirements <u>must</u> be satisfied <u>before</u> payment may be released:

- Submit monthly data in electronic Excel or .pdf format for project time span (cd, disk or zip),
- Label the exterior of the media with vendor name and purchase order number

Township High School District 214 is required to retain these records for no less than three (3) years.

<u>NOTE</u>: Failure to complete pre-approval and subsequently comply with the Public Act 94-0515 will result in bidder/contractor disqualification.

<u>Pre-Certification</u>: *The undersigned bidder of contractor hereby certifies that all laborers, mechanics, and other workers employed are each paid an hourly rate not less than the general prevailing wage required by the Illinois Prevailing Wage Act. The undersigned bidder is also aware that filing a certified payroll that is known to be false is a Class B misdemeanor.*

_____   _____
Signature   Printed Bidder/Contractor Name

_____   _____
Firm   Phone   Fax

_____   _____
Address   E-mail

_____   _____
City, State, Zip   Date