

INSTRUCTIONS FOR COMPLETING PUBLIC WORKS PAYROLL REPORTING (Sample Attached)

All payroll reports may be completed on the attached form or any other document as long as the format contains the following information:

- (1) Name, Address, and SS#: The name, address and SS# must be shown on all payroll reports.
- (2) No of withholding exemptions: Self-explanatory
- (3) Work Classification: Craft of work being performed as shown on the Department of Industrial Relations website (www.dir.ca.gov). When the craft of the worker is not listed in the wage determination the most closely related craft or trade will be paid.
- (4) Weekending: Indicate the work week dates with the corresponding days.
- Hours Worked Each Day: Number of straight time and overtime hours worked on this Project by day. Do not include the hours worked on other projects.
- (5) Total Hours: The number of total hours worked as noted for the week
- (6) Hourly Rate of Pay: The rate of pay by craft as indicated on the website. Either the rate of pay will be the basic rate of pay and will accompany a fringe benefit statement to define the amount of benefits or the loaded rate will be shown indicating that the fringe benefits are being included in the employee rate of pay.
- (7) Gross Amount Earned: This Project the total amount of monies earned only on this project. All Projects Should match your payroll ledger and will include the gross amount of monies paid to the employee for the entire week of work performed on all projects. (Remember anything to the left of the page from "This Project" will reflect work performed on the school project. The right side "All Projects" will match your weekly payroll ledger.)
- (8) <u>Deductions</u>, <u>Contributions and Payments</u>: Any deductions taken from the employee's pay which are standard deductions or other deductions taken with a signed authorization from the employee. If any employee has a court ordered deduction please explain on the Statement of Compliance which must be attached to each of the weekly payrolls.



INSTRUCTIONS FOR COMPLETING PUBLIC WORKS PAYROLL REPORTING (Continued)

• (9) Net Wages Paid for Week & Check Number: Self-explanatory

Each contractor must complete a Payroll Report even when no work was performed on the project for that week. The payroll form must state there was no payroll for that period. A final payroll for all contractors must be submitted and marked as "Final" when their work is completed on the Project.

Note: Each prime contractor is responsible for ensuring that all its subcontractors of any tier comply with the prevailing wage requirements. The prime contractor must monitor the subcontractor(s) payment of the specified general prevailing wages to their employees by periodically reviewing the subcontractor(s) Certified Payrolls. Upon becoming aware that a subcontractor has failed to apply the specified prevailing rate of wages, the prime contractor must take corrective action to halt or rectify the failure, including but not limited to, retaining sufficient funds due the subcontractor for work performed on the public works project.

California
Department
of Industrial
Relations

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

PUBLIC WORKS PAYROLL REPORTING FORM

Page

		NAME OF CONTRACTOR CONTRACTORS LICENSE # ADDRESS OR SUB CONTRACTOR SPECIALTY LICENSE #																			
	PAYROLL NO.				F	OR WI	EEK ENDIN	G		SELF-INSI	SELF-INSURED CERTIFICATE #						PROJECT OR CONTRACT NO.				
											WORKERS' COMPENSATION POLICY #						PROJECT AND LOCATION				
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE . L O D F I W N	(2) N H E	CLASSIFICATION							(5) TOTAL	(6) HOURLY			<u> </u>						(9)		
	O O X . L E O D M F I P W N TI IT G O H N - S			(4) Dav M T W TH F S S Date Hours Worked Each Dav			HOURS	RATE OF PAY	(7) GROSS AMOUNT EARNED		(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS					8	NET WGS PAID FOR WEEK	CHECK NO.			
	- 5	 	s								THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VAC/ HOL	HEALTH & WELF	PENSION		
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Form A 1-131 (New 2-80) form has been reduced to fit page)		S = Straight Time O = Overtime SDI = State Disability	Insur	rance		OTH	ER - /	Any other				payment who					ling	CERTIFIC	CATION mu	ust be comp	pleted
I, (Name - certify under penalty of perjury the	nat the re	way of cash, check,	eof s	ubmi	itted a	and c	onsist	ing of —	on with busi (descript	ness) ion, no. of	—— are	e authority to			(nam		ess and/or on als which o				
Date:		Signature:																			