STATE OF LINE

Certified Transcript of Payroll

Please Note: The su	ıbmission of	falsifi	ed pa	yroll r	ecord	s is a	crim	inal c	offense.											
IDOL Case File Number: Contractor and/or Subcontractor						Payroll Date: Contract Information														
													Public Body Information							
Company Name: Contact Person: (Address)						Contract Number: Project Number:							Contact Person: Public Body Name:							
					_	Project:														
						Project Location:							(Address)							
(City) Telephone Number:														(City) (State) (zipcode) Telephone Number:						
Report Hours for Each	n Day, Includ	ing O	vertin	ne Ho	urs, L	ist Ho	ourly	Prev	ailing Wage R	ate and I	Hourly Fring	e Benefits	Allotme	nts.						
Employee Name, Address SSN & Telephone Number	Labor Classification	SUN	* Ho	urs wo	rked ea	ach da THR	y FRI	SAT	Total Hrs Each PW and Reg.	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Gross	Period Net	Pension	Hourly Fringe Be Health & Welfare	enefit Vac.	Training		
(Name)		PW																		
(City, State Zip)		 N																		
(SSAN)		14																		
(Telephone #)																				

INSTRUCTIONS: Fringe benefits (health insurance, pension, vacation, and training) must be paid, if it is required for the work classification, regardless of your union or nonunion status. We give you credit for health insurance paid (if any) and ERISA approved pension plan (if any) and training if your employees are in a BAT approved program. If the fringe benefit rate is paid into a fund, please note by placing the letter "F" behind the fringe benefit rate; if the fringe benefit rate is included on an employee's payroll check, please note by placing the letter "E" behind the fringe benefit rate. On the back of this form please list all subcontractors, independent contractors and owner operator's your company used on this project. If you wish information regarding coverage of the Act, please visit our web site at www.state.il.us/agency/idol/ or call 217-782-1710.

*PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked

IL452CM01 Page 1 of 1