

DIR CALIFORNIA DEPT. OF INDUSTRIAL RELATIONS		PUBLIC WORKS PAYROLL REPORTING FORM										PAGE	OF										
CONTRACTOR/SUBCONTRACTOR NAME & ADDRESS				CONTRACTORS LICENSE # SPECIALTY LICENSE #				PROJECT NAME AND ADDRESS OR LOCATION DESCRIPTION															
PAYROLL #				SELF-INSURED CERTIFICATE #																			
FOR WEEK ENDING				WORKERS COMPENSATION POLICY #										PROJECT CONTRACT #									
(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)								(9)							
EMPLOYEE'S NAME, ADDRESS AND SOCIAL SECURITY #	# WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	STRAIGHT TIME	DAY							TOTAL HOURS WORKED	HOURLY RATE OF PAY	GROSS AMOUNT EARNED ON PROJECT(S)		DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS								CHECK NUMBER
			OVERTIME	DATE																			
			HOURS WORKED EACH DAY																				
			S/T										THIS	ALL	FEDERAL TAXES	FICA (SOC SEC)	STATE TAXES	SDI	VACATION HOLIDAY	HEALTH & WELFARE	PENSION	TRAINING	
			O/T												FUND ADMIN.	DUES	TRAVEL & SUBS	SAVINGS	MEDICARE	OTHER	TOTAL DEDUCTS	NET PAID FOR WEEK	
			S/T										THIS	ALL	FEDERAL TAXES	FICA (SOC SEC)	STATE TAXES	SDI	VACATION HOLIDAY	HEALTH & WELFARE	PENSION	TRAINING	
			O/T												FUND ADMIN.	DUES	TRAVEL & SUBS	SAVINGS	MEDICARE	OTHER	TOTAL DEDUCTS	NET PAID FOR WEEK	
			S/T										THIS	ALL	FEDERAL TAXES	FICA (SOC SEC)	STATE TAXES	SDI	VACATION HOLIDAY	HEALTH & WELFARE	PENSION	TRAINING	
			O/T												FUND ADMIN.	DUES	TRAVEL & SUBS	SAVINGS	MEDICARE	OTHER	TOTAL DEDUCTS	NET PAID FOR WEEK	

S/T = Straight Time * OTHER Any other deductions, contributions, and/or payments whether or not required by CERTIFICATION must be completed (see
 O/T = Overtime prevailing wage determinations must be separately listed. Use extra sheets if necessary. back)
 SDI = State Disability

I _____, the undersigned, am the _____
Print Name Position in Business

with the authority to act for and on behalf of _____
Name of Business/Contractor

I certify under the penalty of perjury that the records or copies thereof submitted, dated _____ to _____ and consisting of

(Insert Description of Documents and 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.

This employer has complied with the requirements of Sections 1771, 1811, and 1815 for all work performed on this public works project.

All apprentices, if any, employed in the period covered by this document are duly registered in a bona fide apprenticeship program registered with the State of California's Division of Apprenticeship Standards.

I hereby certify that the full and complete Prevailing Wages were paid as currently published and posted by the Director of Industrial Relations, State of California and only deductions as authorized under the laws of the State of California or the laws of the United States of America have been made from these sums.

All other deductions are clearly listed for each employee on an attachment as required by the Director of Industrial Relations, State of California.

I hereby certify that all employee deductions for optional benefit plans are authorized and the employee(s) are signed up for the plan(s) and are receiving the benefit(s) of the plan(s) listed.

WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above payroll, payment of fringe benefits as listed in the contract have or will be made to the appropriate programs for the benefit of such employees, except as noted below.

WHERE FRINGE BENEFITS ARE PAID IN CASH
Each laborer or mechanic listed in the above payroll has been paid as indicated on this payroll, an amount not less than the sum of the applicable basic hourly rate plus the amount of the required fringe benefits as listed in the determination for the craft, except as noted below.

Exceptions

Craft Explanation

Craft Explanation

Craft Explanation

Craft Explanation

I hereby certify under the penalty of perjury that all of the above is true and correct as submitted

Date Signature Printed Name

Project Payroll Number