

**DIR CALIFORNIA DEPT. OF INDUSTRIAL RELATIONS PUBLIC WORKS PAYROLL REPORTING FORM**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

CONTRACTOR/SUBCONTRACTOR NAME & ADDRESS  PAYROLL #  FOR WEEK ENDING	CONTRACTORS LICENSE #  SPECIALTY LICENSE #  SELF-INSURED CERTIFICATE #  WORKERS COMPENSATION POLICY #	PROJECT NAME AND ADDRESS OR LOCATION DESCRIPTION   PROJECT CONTRACT #
---	---	--

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)										(9)															
EMPLOYEE'S NAME, ADDRESS AND SOCIAL SECURITY #	# WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	STRAIGHT TIME OVERTIME	DAY							TOTAL HOURS WORKED	HOURLY RATE OF PAY	GROSS AMOUNT EARNED ON PROJECT(S)	DEDUCTIONS CONTRIBUTIONS AND PAYMENTS										CHECK NUMBER								
				DATE										THIS	ALL	FEDERAL TAXES	FICA (SOC SEC)	STATE TAXES	SDI	VACATION HOLIDAY	HEALTH & WELFARE	PENSION	TRAINING									
				HOURS WORKED EACH DAY																					FUND ADMIN.	DUES	TRAVEL & SUBS	SAVINGS	MEDICARE	OTHER	TOTAL DEDUCTS	NET PAID FOR WEEK
			S/T																													
			O/T																													
			S/T																													
			O/T																													
			S/T																													
			O/T																													
			S/T																													
			O/T																													

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