

This is a preview of the "CEM-2501 Fringe Benefit Statement for California State Department of Transportation" form. The purchased form is full-size, without the watermark, and it comes with instant download, unlimited usage, unlimited free replacement, and unlimited free support. Use Word to fill it in and you'll be able to save, print an unlimited number of times, change what you filled in and save again - all as often as you need, on as many projects as you need - all without ever paying for it again. Never a monthly fee!

The CEM-2501 Fringe Benefit Statement form is available here: <https://www.construction-business-forms.com/cecofrbest.html>

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

**FRINGE BENEFIT STATEMENT**

CEM-2501 (REV 05/2019)

CONTRACTOR OR SUBCONTRACTOR (Please Print)		CONTRACT NUMBER	DATE
DEPARTMENT OF INDUSTRIAL REGISTRATION NUMBER	CONTRACTORS STATE LICENSE BOARD NUMBER	FEDERAL-AID PROJECT NUMBER	
TO: RESIDENT ENGINEER OR DISTRICT LABOR COMPLIANCE OFFICER		BUSINESS ADDRESS	

Labor Compliance uses the following fringe benefits information (shown or referenced on wage rate determinations) paid to or on behalf of employees in various crafts or classifications to check payroll or apply to force account work on the above contract.

**COMPLETE AND SUBMIT THIS FORM WITH THE FIRST CERTIFIED PAYROLL OR WHEN THERE HAVE BEEN CHANGES.**

Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
Effective Date	Vacation \$ _____	_____
	Health and Welfare \$ _____	
Subsistence and/or Travel Pay	Pension \$ _____	_____
	Apprentice or Training Fees \$ _____	
\$ _____	Other \$ _____	_____

Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
Effective Date	Vacation \$ _____	_____
	Health and Welfare \$ _____	
Subsistence and/or Travel Pay	Pension \$ _____	_____
	Apprentice or Training Fees \$ _____	
\$ _____	Other \$ _____	_____

Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
Effective Date	Vacation \$ _____	_____
	Health and Welfare \$ _____	
Subsistence and/or Travel Pay	Pension \$ _____	_____
	Apprentice or Training Fees \$ _____	
\$ _____	Other \$ _____	_____

***I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs listed above.***

NAME AND TITLE (Please Print)	
SIGNATURE	BUSINESS TELEPHONE NUMBER

If you have questions about this form, please refer to the District/Region map at <http://www.dot.ca.gov/hq/construc/LaborCompliance/> for contact information in the district where the project is located.

**ADA NOTICE** For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento CA 95814