

PUBLIC WORKS PAYROLL REPORTING FORM

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		NAME OF CONTRACTOR: CONTRACTOR'S LICENSE NO.: ADDRESS: OR SUBCONTRACTOR: SPECIALITY LICENSE NO.:																				
		PAYROLL NO.:				FOR WEEK ENDING:						SELF-INSURED CERTIFICATE NO.:					PROJECT OR CONTRACT NO.:					
		(4)			DAY				(5)	(6)	WORKERS' COMPENSA		ION POLICY NO.:				PROJECT AND LOCATION:					
(1)	(2)	(3)			T W	TH F S S		s		HOURLY RATE OF PAY		(7)	(8)								(9)	
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE							DATE				TOTAL HOURS	GROSS AMOUNT EARNED										CHECK NO.
OF EMPLOYEE	NO. OF WITH- HOLDING EXEMPTIONS			I	HOURS W	ORKEI	RKED EACH DAY							WEEK								
												THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION		
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S = STRAIGHT TIME O = OVERTIME SDI = STATE DISABILITY INSURANCE *OTHER – Any other deductions, contributions and/or payments whether or not included or required by prevailing wage determinations must be separately listed. Use extra sheet(s) if necessary

NOTICE TO PUBLIC ENTITY

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