



California  
Department of  
Industrial Relations

# PUBLIC WORKS PAYROLL REPORTING FORM

|  |                           |          |
|--|---------------------------|----------|
| NAME OF CONTRACTOR:<br>OR SUBCONTRACTOR: | CONTRACTOR'S LICENSE NO.: | ADDRESS: |
|  | SPECIALITY LICENSE NO.:   |          |

|              |                  |                                   |                          |
|--------------|------------------|-----------------------------------|--------------------------|
| PAYROLL NO.: | FOR WEEK ENDING: | SELF-INSURED CERTIFICATE NO.:     | PROJECT OR CONTRACT NO.: |
|              |                  | WORKERS' COMPENSATION POLICY NO.: | PROJECT AND LOCATION:    |

| (1)<br>NAME, ADDRESS AND<br>SOCIAL SECURITY NUMBER<br>OF EMPLOYEE | (2)<br>NO. OF WITH-<br>HOLDING<br>EXEMPTIONS | (3)<br>WORK<br>CLASSIFICATION | (4) DAY |          |                  |           |     |              |                | (5)<br>TOTAL<br>HOURS | (6)<br>HOURLY<br>RATE<br>OF PAY | (7)<br>GROSS AMOUNT<br>EARNED |            | (8)<br>DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS |             |         |        |                   |  |  |  | (9)<br>NET WGS<br>PAID FOR<br>WEEK |  | CHECK<br>NO. |
|---|--|-------------------------------|---------|----------|------------------|-----------|-----|--------------|----------------|-----------------------|---------------------------------|-------------------------------|------------|---|-------------|---------|--------|-------------------|--|--|--|------------------------------------|--|--------------|
|   |  |                               | M       | T        | W                | TH        | F   | S            | S              |                       |                                 |                               |            |   |             |         |        |                   |  |  |  |                                    |  |              |
|   |  |                               | DATE    |          |                  |           |     |              |                |                       |                                 | HOURS WORKED EACH DAY         |            |   |             |         |        |                   |  |  |  |                                    |  |              |
| THIS PROJECT  |  | ALL PROJECTS                  |         | FED. TAX | FICA (SOC. SEC.) | STATE TAX | SDI | VAC/ HOLIDAY | HEALTH & WELF. | PENSION               | TRAING.                         |                               | FUND ADMIN | DUES  | TRAV/ SUBS. | SAVINGS | OTHER* | TOTAL DEDUC-TIONS |  |  |  |                                    |  |              |
|   |  | S                             |         |          |                  |           |     |              |                |                       |                                 |                               |            |   |             |         |        |                   |  |  |  |                                    |  |              |
|   |  | O                             |         |          |                  |           |     |              |                |                       |                                 |                               |            |   |             |         |        |                   |  |  |  |                                    |  |              |
|   |  | S                             |         |          |                  |           |     |              |                |                       |                                 |                               |            |   |             |         |        |                   |  |  |  |                                    |  |              |
|   |  | O                             |         |          |                  |           |     |              |                |                       |                                 |                               |            |   |             |         |        |                   |  |  |  |                                    |  |              |
|   |  | S                             |         |          |                  |           |     |              |                |                       |                                 |                               |            |   |             |         |        |                   |  |  |  |                                    |  |              |
|   |  | O                             |         |          |                  |           |     |              |                |                       |                                 |                               |            |   |             |         |        |                   |  |  |  |                                    |  |              |

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

CERTIFICATION **MUST** be completed  
(See reverse side)

# Statement of Compliance

Date: \_\_\_\_\_

Payroll Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, under penalty of perjury, do hereby state:  
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by \_\_\_\_\_ on the \_\_\_\_\_ Public Works Project, that during the payroll period commencing \_\_\_\_\_ and ending \_\_\_\_\_, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the above named construction firm/contractor/individual from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the California Labor Code, Division 2, Part 7, Chapter 1 (Public Works Sections 1720 through 1861) and/or described below:

(2) That the payrolls, under this Public Works Project, required to be submitted for the above period are true, correct and complete; that the wage rates for laborers and mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the state apprenticeship agency and that training contributions are/will be made pursuant to California Labor Code Section 1777.5

(4) That:

**(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAM**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments 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 in Section 4 (c) below.

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below:

**(c) EXCEPTIONS**

|         |
|---------|
|         |
|         |
|         |
| REMARKS |

|                |           |
|----------------|-----------|
| NAME AND TITLE | SIGNATURE |
|----------------|-----------|

The willful falsification of any of the above statements may subject the Firm/Contractor/Subcontractor/Individual to civil or criminal prosecution under California Laws.