



PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR: OR SUBCONTRACTOR:											CONTRACTOR'S LICENSE NO.: SPECIALITY LICENSE NO.:											ADDRESS:										
PAYROLL NO.:						FOR WEEK ENDING:						SELF-INSURED CERTIFICATE NO.:						PROJECT OR CONTRACT NO.:														
						(4) DAY						(5)		(6)		WORKERS' COMPENSATION POLICY NO.:						PROJECT AND LOCATION:										
(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITH- HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION		M	T	W	TH	F	S	S	TOTAL HOURS	HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED		(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS							(9) NET WGS PAID FOR WEEK		CHECK NO.								
				DATE																												
				HOURS WORKED EACH DAY																												
			S										THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION											
				O																												
			S										THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION											
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				O																												

Date

I, _____, _____
(Name of signatory party) (Title)

Do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

_____ on the _____
(Contractor or subcontractor) (Building or work)

; that during the payroll period commencing on the

day of _____ 20____, And ending the _____ Day of _____, 20____
all persons employed on said project have been paid the full weekly wages earned, that no
rebates have or will be made either directly or indirectly to or on behalf of said

_____ from the full
(Contractor or subcontractor)

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 Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor
under the Copeland Act. As amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 357; 40 U.S.C.
276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the
above period are correct and complete; that the wage rates for laborers or 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 he performed.

(3) That any apprentices employed in the above period are duly registered in a bona
fide apprenticeship program registered with a State apprenticeship agency recognized by
the Bureau of Apprenticeship and Training, United States Department of Labor, or if no
such recognized agency exists in a State, are registered with the Bureau of
Apprenticeships and Training, United States Department of Labor.

(4) That:

(a) 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 referenced payroll, payments of fringe
benefits as listed in the contract have been or will be made to 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

EXCEPTION (CRAFT)	EXPLANATION

Remarks

Name and Title	Signature
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENT MAY SUBJECT THE
CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001
OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
STATEMENT OF COMPLIANCE – FORM WH-348