



Labor Compliance Pre-Construction

Information Resource Handout

mcguireandhester.com

9009 RAILROAD AVE * OAKLAND, CA 94603 * PH 510 632 7676 * FX 510 562 5210 * FX ESTIMATE 510 562 5209
Contractors License No 95879

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Section 1

INTRODUCTION

Overview

A. Overview

McGuire and Hester is the General Contractor / subcontractor for this project. We have developed an LCP Guidebook for your reference that highlights the requirements, submittals and timelines necessary to be compliant.

The payment of prevailing wage and the utilization of apprentices apply to all subcontractors who will be using tools on this job, including owner / operators. All detailed information pertaining to labor compliance may be found in your bid documents.

Subcontractor's Responsibilities:

- It is the subcontractor's duty to pay prevailing wages under California Labor Code Section 1720 and assure that all subcontractors at all tiers pay prevailing wage.
- The subcontractor has the ultimate responsibility for review of all it's payroll and related information and for subcontractor's of all tiers in a timely and complete manner.
- The sub contractor must collect and review all of the subcontractors' payroll reports before forwarding it to McGuire and Hester's Office no less than once a week.

Required Forms

Prior to construction

1. Subcontractor Information Sheet

Each subcontractor must submit this form before starting project.

2. Pre Job Checklist of Labor Law Requirements

- Each subcontractor of all tiers must complete and submit this form acknowledging the California Codes of Regulations governing prevailing wage projects.

3. Division of Apprenticeship Standards form DAS 140 'Public Works Contract Award Information'

- Each subcontractor of all tiers must complete and submit this notification to the local apprenticeship committee of the award of your contract. Submit DAS 140 to the Joint Apprenticeship Training Committee (JATC) for each apprenticeable craft or trade within the area of the project site. The subcontractor and each subcontractor of all tiers must submit this form within 10 days of the date of the execution of the contract but no later than the first day the contractor has workers employed on-site.

4. Division of Apprenticeship Standards form DAS 142 'Request for Dispatch of an Apprentice'

- The subcontractor and each subcontractor of all tiers must complete and submit a request for dispatch of an apprentice in writing at least 72 hours prior to the date apprentices are needed.

During Construction

1. **Subcontractor Fringe Benefit Statement**
 - Must be submitted with the first certified payroll, when wage rates are updated, and when there is a change in fringe benefits.
2. **California Apprentice Council Training Fund Contribution (CAC –2)**
 - The training fund contributions to the CAC are due on the 15th of each month for work performed during the preceding month. Refer to DIR applicable prevailing wage determinations for the amount owed for each hour of work performed for journeyman and apprentices.
3. **Statement of Compliance**
 - On the Statement of Compliance check either:
 - Box 5(a) Fringe Benefits are paid to approved plans, could mean the labor union.
 - Box 5(b) Fringe benefits are paid directly to the employee for example, via a check
 - Box 5(c) Exceptions may include an additional annuity fund through the labor union, additional amounts the employee requests to be taken out.
4. **Weekly Certified Payroll Reports**
 - Anyone who is working with tools must be listed on the certified payroll including but is not limited to owners, operators, surveyors, and foreman.

(a) The reports must contain all of the information required by Labor Code Section 1776, with the information organized in a manner that is similar or identical to how the information is reported on the Department of Industrial Relations' suggested "Public Works Payroll Reporting Form" (Form A-1-131);
5. **Statement of Non-Performance**, when applicable
 - Does not need to be submitted until after the first certified payroll report is received.
 - One form may be submitted for consecutive weeks if non-performance applies
6. **Proof of apprenticeship verification**
 - Verification is now available on the DIR website at <http://www.dir.ca.gov/DAS/appcertpw/AppCertSearch.asp>

Project/Program Closeout

1. **Contractor Affidavit**
 - Verifies the contractor's name, project name, work classifications used, type of work completed, first payroll report date to final payroll report date, and how the apprenticeship utilization was met.

Apprenticeship Utilization:

- The requirement to hire apprentices unless the total construction contract is less than \$30,000 or it is not an apprenticeable craft
- Contractors, including Design-Build, General or specialty, subcontractors shall employ registered apprentice(s) during the performance of public work project in accordance with the required one (1) hour of work performed by an apprentice for every five (5) hours of work performed by a journeyman. Unless an exemption has been granted, the contractor shall employ apprentices for the number computed above before the end of the contract or show good faith efforts.

Prevailing Wage Determinations:

- The prevailing wage determinations are based on the first bid advertisement/publication date. ***In lieu of a bid advertisement, the prevailing wage determination for this project is set by the Request for Proposal (RFP) date.***
- The prevailing wage determinations and rates are published twice each year, in February and August. All determinations will be effective ten days after issuance. Some trades are issued regionally (Northern and Southern California) and other sub trades are by the county in which the project is located. There are separate determinations for apprentices on public works.
- The prevailing wage determination by craft can be found on the Department of Industrial Relations web site www.dir.ca.gov (Statistics and Research)
- Prevailing wage rates and any rate changes must be posted at the job site for workers to view.
- Asterisk (*) clarifications:
 - Prevailing wage determinations with a single asterisk (*) after the expiration date, which are in effect on the date of advertisement of bids, remain in effect for the life of the project.
 - Interested parties should contact the Division of Labor Statistics and Research at (415) 703-4774 for the new rates after (10) days from the expiration date (if no subsequent determination is required)
 - Prevailing wage determinations with double asterisks (**) after the expiration date indicate that the basic hourly rate, overtime, holiday pay rates and employers' payments for work performed after this date has been predetermined. If work is to extend past this date, the new rates must be paid and should be incorporated in contracts entered into now.

Note: "Per our Master Subcontract, these forms must be turned into McGuire & Hester and approved before progress payments will be released"

Section 2

PRE-CONSTRUCTION SUBMITTALS

Forms that must be submitted to McGuire and Hester

Prior to construction

1. Contractor Information Form
2. Pre-job Checklist
3. DAS-140 form
4. DAS-142 form



SUBCONTRACTORS CONTACT INFORMATION SHEET

Please type or print clearly AND include all the email address "Go Green".

Subcontractors Name: _____

Complete Project Name: _____

Project Number _____ Contract Amount _____

Address, City, State, Zip _____

Scope of work: _____

Project Manager _____

Phone Number (office) _____

Phone Number (cell) _____

*E-mail Address _____

Accounts Administrator contact _____

Phone Number (certified payroll) _____

Fax Number (office) _____

*E-mail Address _____

Certified payroll contact _____

Phone Number (certified payroll) _____

Fax Number (office) _____

*E-mail Address _____

Please Fax : Attention: Rizwan or Email this form to:
mrizwan@mcguireandhester.com

CHECKLIST OF LABOR LAW REQUIREMENTS

Labor Compliance Program

(Pursuant to CCR 16430)

The federal and state labor law requirements applicable to the contract are composed of but not limited to the following:

1. **Payment Of Prevailing Wage Rates** - The contractor to whom the contract is awarded and its subcontractors hired for the public works project are required to pay the specified general prevailing wage rates to all workers employed in the execution of the contract. The contractor's duty to pay prevailing wages under labor code section 1770 et seq., should the project exceed the exemption amounts.

The contractor is responsible for ascertaining and complying with all current general prevailing wage rates for crafts and any rate changes that occur during the life of the contract. Information on all prevailing wage rates and all rate changes are to be posted at the job site for all workers to view.
2. **Apprentices** - It is the duty of the contractor and subcontractors to employ registered apprentices on the public works project under labor code section 1777.5.
3. **Penalties** - There are penalties required for contractor or subcontractor failure to pay prevailing wages (for nonexempt projects) and for failure to employ apprentices including forfeitures and debarment under labor code sections 1775, 1777.7 and 1813.
4. **Certified Payroll Records** - Contractors and subcontractors are required to keep accurate payroll records showing the name, address, social security number and work classification of each employee &/or owner performing work. To include the straight time and overtime hours worked each day and each week, the fringe benefits, and the actual per diem wage paid to each owner, journeyman, apprentice worker or other employee hired for the public works project under labor code section 1776.

Employee payroll records shall be certified and shall be made available for inspection at all reasonable hours at the principal office of the contractor or subcontractor or shall be furnished to any employee, or his/her authorized representative on request, according to labor code section 1776.

Each contractor and subcontractor shall submit its certified payroll record to the district on a weekly basis. If there was no work performed during a given week, the certified payroll record shall be annotated: "no work" for that week.

There are penalties required for contractor/subcontractor's failure to maintain and submit copies of certified payroll records on request under labor code section 1776 (g).
5. **Nondiscrimination in Employment** - Employment discrimination is prohibited under labor code sections 1735 and 1777.6, the government code, the public contracts code, and Title VII of the Civil Rights Act of 1964, as amended. All contractors and subcontractors are required to implement equal employment opportunity practices for women and minorities as delineated below:
 - a. **Equal Employment Poster** - The equal employment poster shall be posted at the job site in a conspicuous place, available to employees and applicants for employment and shall remain posted for the duration of the project.
6. **Kickbacks Prohibited** - Contractors and subcontractors are prohibited from accepting, taking wages illegally or extracting "kickback" from employee wages under labor code section 1778.
7. **Acceptance of Fees Prohibited** - Contractors or subcontractors are prohibited from accepting fees for registering any person for public work under labor code section 1779 or for filling work orders on public works contracts pursuant to labor code section 1780.
8. **Listing of Subcontractors** - All prime contractors are required to list properly all subcontractors hired to perform work on the public works projects covering more than one-half of 1 percent, according to government code section 4100 et seq.
9. **Proper Licensing** - Contractors are required to be licensed properly and to require that all subcontractors be properly licensed. Penalties are required for employing workers while unlicensed under labor code section 1021 and under the California Contractor License Law found at business and professions code section 7000 et seq.
10. **Unfair Competition Prohibited** - Contractors and subcontractors are prohibited from engaging in unfair competition as specified under business and professions code sections 17200 to 17208.
11. **Workers' Compensation Insurance** - Labor code section 1861 requires contractors and subcontractors be insured properly for workers' compensation.
12. **OSHA** - Contractors and subcontractors are required to abide by the occupational, safety and health laws and regulations that apply to the particular construction project.

The undersigned contractor hereby acknowledges that the District has provided the contractor with information regarding each item listed above. In accordance with the Federal and State laws, and the District's policy and contract documents, the undersigned contractor herein certifies that it will comply with the foregoing labor law requirements; and fully understands that failure to comply with these requirements will subject it to the penalties cited herein.

TO BE SUBMITTED FOR EACH PRIME AND/OR SUBCONTRACTORS PERFORMING WORK ON THE FOLLOWING PROJECT:

Awarding Body

Subcontractor Name

Project Name

Representative (Please Print)

Prime Contractor Name

Signature

Date

PUBLIC WORKS CONTRACT AWARD INFORMATION

Contract award information must be sent to your Apprenticeship Committee if you are approved to train. If you are not approved to train, you must send the information (which may be this form) to ALL applicable Apprenticeship Committees in your craft or trade in the area of the site of the public work. Go to: <http://www.dir.ca.gov/das/PublicWorksForms.htm> for information about programs in your area and trade. You may also consult your local Division of Apprenticeship Standards (DAS) office whose telephone number may be found in your local directory under California, State of, Industrial Relations, Division of Apprenticeship Standards.

Do not send this form to the Division of Apprenticeship Standards.

NAME OF YOUR COMPANY	CONTRACTOR'S STATE LICENSE NO
MAILING ADDRESS- NUMBER & STREET, CITY, ZIP CODE	AREA CODE & TELEPHONE NO.
NAME & ADDRESS OF PUBLIC WORKS PROJECT	DATE YOUR CONTRACT EXECUTED
	DATE OF EXPECTED OR ACTUAL START OF PROJECT
NAME & ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT	ESTIMATED NUMBER OF JOURNEYMEN HOURS
	OCCUPATION OF APPRENTICE
THIS FORM IS BEING SENT TO: (NAME & ADDRESS OF APPRENTICESHIP PROGRAM(S))	ESTIMATED NUMBER OF APPRENTICE HOURS
	APPROXIMATE DATES TO BE EMPLOYED

This is not a request for dispatch of apprentices.

Contractors must make a separate request for actual dispatch, in accordance with Section 230.1(a) California Code of Regulations

Check One Of The Boxes Below

1. We are already approved to train apprentices by the _____
Apprenticeship Committee. We will employ and train under their Standards. Enter name of the Committee

2. We will comply with the standards of _____
Apprenticeship Committee for the duration of this job only. Enter name of the Committee

3. We will employ and train apprentices in accordance with the California Apprenticeship Council regulations, including § 230.1 (c) which requires that apprentices employed on public projects can only be assigned to perform work of the craft or trade to which the apprentice is registered and that the apprentices must at all times work with or under the direct supervision of journeyman/men.

Signature _____ *Date* _____

Typed Name _____

Title _____

**State of California - Department of Industrial Relations DIVISION
OF APPRENTICESHIP STANDARDS**

REQUEST FOR DISPATCH OF AN APPRENTICE

Do not send this form to DAS

You may use this form to request dispatch of an apprentice from the Apprenticeship Committee in the craft or trade in the area of the public work. Go to: <http://www.dir.ca.gov/das/PublicWorksForms.htm> for information about programs in your area and trade. You may also consult your local Division of Apprenticeship Standards (DAS) office whose telephone number may be found in your local directory under California, State of, Industrial Relations, Division of Apprenticeship Standards.

Date: _____

To Applicable Apprenticeship Committee: _____

Address: _____

Telephone: _____ Fax: _____

Contractor Requesting Dispatch: _____

Address: _____

Telephone: _____ Fax: _____

Person making request: _____

Number of Apprentice(s) Needed _____ Craft or Trade _____

Date Apprentice(s) to Report: _____ (48 hours notice required)

Name of Person to Report to: _____

Address to Report to: _____

Time to Report: _____

You may use this form, or make a verbal or written request, to ask for the dispatch of an apprentice. Please take note of California Code of Regulations, *Title 8, § 230.1 (a)* which says in part: *if in response to a written request an Apprenticeship Committee does not dispatch any apprentice to a contractor who has agreed to employ and train apprentices in accordance with either the Apprenticeship Committee's Standards or these regulations within 72 hours of such request (excluding Saturdays, Sundays and holidays) the contractor shall not be considered in violation of this section as a result of failure to employ apprentices ...*

Section 3

DURING CONSTRUCTION SUBMITTALS

Forms that must be submitted to McGuire and Hester

During construction

1. Fringe Benefit Statement
 - a. Fringe benefit statement form
 - b. Fringe benefit statement form with instructions
2. CAC-2
 - a. CAC-2 form
 - b. CAC-2 form with instructions
3. Checklist for Reviewing Certified Payroll Report
4. Statement of Compliance
 - a. Statement of compliance form
 - b. Statement of compliance form with instructions
5. Certified Payroll Report (CPR)
 - a. CPR form
 - b. CPR form with instructions
6. Statement of Non-Performance
7. How to verify apprentices with instructions

CONTRACTOR FRINGE BENEFIT STATEMENT

Contract Number / Name:	Contract Location:	Today's Date:
-------------------------	--------------------	---------------

Contractor / Subcontractor Name:	Business Address:
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In order that the proper Fringe Benefit rates can be verified when checking payrolls on the above contract, the hourly rates for fringe benefits, subsistence and/or travel allowance payment made for employees on the various classes of work are tabulated below.

Classification:	Effective Date:	Subsistence or Travel Pay: \$ _____
-----------------	-----------------	--

FRINGE BENEFITS	Health & Welfare	\$ _____	PAID TO: Name: _____	Address: _____
	Pension	\$ _____	PAID TO: Name: _____	Address: _____
	Vacation/ Holiday	\$ _____	PAID TO: Name: _____	Address: _____
	Training and/or Other	\$ _____	PAID TO: Name: _____	Address: _____

Classification:	Effective Date:	Subsistence or Travel Pay: \$ _____
-----------------	-----------------	--

FRINGE BENEFITS	Health & Welfare	\$ _____	PAID TO: Name: _____	Address: _____
	Pension	\$ _____	PAID TO: Name: _____	Address: _____
	Vacation/ Holiday	\$ _____	PAID TO: Name: _____	Address: _____
	Training and/or Other	\$ _____	PAID TO: Name: _____	Address: _____

Classification:	Effective Date:	Subsistence or Travel Pay: \$ _____
-----------------	-----------------	--

FRINGE BENEFITS	Health & Welfare	\$ _____	PAID TO: Name: _____	Address: _____
	Pension	\$ _____	PAID TO: Name: _____	Address: _____
	Vacation/ Holiday	\$ _____	PAID TO: Name: _____	Address: _____
	Training and/or Other	\$ _____	PAID TO: Name: _____	Address: _____

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

Submitted: Contractor / Subcontractor	By: Name / Title
---------------------------------------	------------------

SAMPLE

1b. FRINGE BENEFIT STATEMENT FORM with instructions

Fill out each of the items below.

Project Name:	Project Number:	County / Location:
Date:		
Prime Contractor:	Address:	
Subcontractor:	Address:	

In order that the proper Fringe Benefit rates can be verified when checking payrolls on the above contract, the HOURLY RATES for fringe benefits, subsistence and/or travel allowance payment made for employees on the various classes of work are tabulated below. List Trade and Classification (both items are required to be listed on the statement)

Classification:		Effective Date:	Subsistence or Travel Pay:
FRINGE BENEFITS Hourly Rates	Health & Welfare	\$ 4.54	Paid To: Name: Northern California Laborers Trust Fund Address: 220 Campus Lane, Suisun CA 94585
	Pension	\$ 2.87	Paid To: Name: Address: List for each program.
	Vacation/Holiday	\$ 2.25	Paid To: Name: Address: List all deductions for employees participating in 401A plans.
	Training and/or Other	\$ 0.34	Paid To: Name: Address: List all deductions for employees participating in 401A plans.

Classification:		Effective Date:	Subsistence or Travel Pay:
FRINGE BENEFITS Hourly Rates	Health & Welfare	\$	Paid To: Name: Address: Submit dues check off with fringe benefits statement if applicable.
	Pension	\$	Paid To: Name: Address: Submit dues check off with fringe benefits statement if applicable.
	Vacation/Holiday	\$	Paid To: Name: Address: Submit dues check off with fringe benefits statement if applicable.
	Training and/or Other	\$	Paid To: Name: Address: Submit dues check off with fringe benefits statement if applicable.

Classification:		Effective Date:	Subsistence or Travel Pay:
FRINGE BENEFITS Hourly Rates	Health & Welfare	\$	Paid To: Name: Address: Fringes must be submitted for each trade and classification listed for the existing project.
	Pension	\$	Paid To: Name: Address: Fringes must be submitted for each trade and classification listed for the existing project.
	Vacation/Holiday	\$	Paid To: Name: Address: Fringes must be submitted for each trade and classification listed for the existing project.
	Training and/or Other	\$	Paid To: Name: Address: Fringes must be submitted for each trade and classification listed for the existing project.

**If different for each employee must be broken down on the Contractor Fringe Benefit Statement.*

Supplemental statements must be submitted during the progress of work should a change in rate of any of the classifications be made.

Submitted: Contractor / Subcontractor:

By: Name / Title:

Company Name

Must be original signature of authorized personnel responsible for certified payroll.

State of California
 Department of Industrial Relations
 P.O. Bo 420603
 San Francisco, CA 94142

Please use a separate **form** for each jobsite, listing the occupations for the jobsite. One **check** payable to the California Apprenticeship Council may be submitted for all jobsites and/or occupations. Training fund contributions are **not accepted** by the California Apprenticeship Council for federal public works projects, or for non-apprenticeable occupations such as utility technicians, teamsters, etc.

TRAINING FUND CONTRIBUTIONS

California Apprenticeship
 Council

Name and Address of Contractor/Subcontractor making Contribution	Contractor's License Number
	Contract or Project Number
Name and Address of Public Agency Awarding Contract	Jobsite Location (Including County)
	Period Covered by Contribution

Classification(s) or Workers (Carpenter, Plumber, Electrician, Etc.)	Hours	Cont. Rate per Hour	Amount

Signature	Date
Title	Area Code & Telephone Number

State of California
 Department of Industrial Relations
 California Apprenticeship Council
 P. O. Box 420603
 San Francisco, CA 94142

TRAINING FUND CONTRIBUTIONS

The on-line CAC2 form available at:
<http://www.dir.ca.gov/DAS/DASCAC2.pdf>
 can be filled in and printed for submittal

Please use a separate **form** for each jobsite, listing the occupations for the jobsite. One **check** payable to the California Apprenticeship Council, may be submitted for all jobsites and/or occupations. Training fund contributions are **not accepted** by the California Apprenticeship Council for federal public works projects, or for non-apprenticeable occupations such as utility technicians, teamsters, etc.

California Apprenticeship Council

Please note: no contributions for federal projects or non apprenticeable occupations



NAME AND ADDRESS OF CONTRACTOR/SUBCONTRACTOR MAKING CONTRIBUTION Your company's name and address Each contractor/sub-contractor submits their own CAC 2 form and payment		CONTRACTOR'S LICENSE NUMBER Your six digit contractor's license number or federal ID# (no license classification codes)		
NAME AND ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT The name & address of the school district, city, county or state public agency that awarded this contract. Do not put the general contractor's name here.		CONTRACTOR PROJECT NUMBER Identify the project by contract number or name (if none leave blank)		
		JOBSITE LOCATION (INCLUDE COUNTY IF APPLICABLE) GIVE NAME OF SCHOOL, HOSPITAL, BUILDING, ETC. Name & address of the jobsite		
		PERIOD COVERED BY CONTRIBUTION (FROM-TO) Dates or time period that work was performed (i.e., 01/01/06 - 01/31/06)		
CLASSIFICATION(S) OF WORKERS (CARPENTER, PLUMBER, ELECTRICIAN, ETC.)	COUNTY WORK PERFORMED IN	HOURS	CONTRIBUTION RATE PER HOUR	AMOUNT
Please use the classifications as shown in the <u>drop down menu</u> or in the prevailing wage determinations	Name of County where work was performed.	# of hours/craft	Rate found in prevailing wage determinations at DLSR website: http://www.dir.ca.gov/DLSR/statistics_research.html#PWD	0.00
				0.00
				0.00
				0.00
				0.00
				0.00
Please do NOT list social security numbers or the names of your employees, do not submit a report for ZERO hours or a contribution in loose change (it happens!)				
Specific project information is necessary to properly credit you for your contribution. "Various" is not an acceptable project description.				
			Total	\$0.00
SIGNATURE PLEASE TYPE OR PRINT YOUR NAME			DATE	
TITLE			AREA CODE & TELEPHONE NUMBER	

3. CHECKLIST FOR REVIEWING CERTIFIED PAYROLL REPORT

The general contractor is required to review the certified payroll of each of the subcontractors for accuracy **prior** to submission to avoid unnecessary confusion and correspondence.

Each subcontractor at any tier should use this document to check off each area listed on the payroll **prior** to submitting to the general contractor.

The certified payrolls (CPR) and Statement of Compliance will be unacceptable for the following reasons:

- CPR: Employee address incomplete or missing
- CPR: Social Security number incomplete or missing
- CPR: Department of Industrial Relations Work Classification incomplete or missing (i.e. Operating Type and Group number)
- CPR: Apprentice work classification or percentage incomplete or missing
- CPR: Hourly rate not indicated for all types or hours worked (straight time, overtime, travel time)
- CPR & Statement of Compliance Company/Contractor Name not specified
- CPR & Statement of Compliance: Project Name not specified
- CPR & Statement of Compliance: Week ending dates do not match
- Statement of Compliance: No original signature, if applicable
- Statement of Compliance: Fringe Benefits Payment Type not specified (A,B,C)
- Statement of Compliance: not submitted with the Payroll

Statement of Compliance

Payroll Certification

I _____, the undersigned, am the _____
Print Name Position in Business

with the authority to act for and on behalf of _____
Name of Business/Contractor

Certify under penalty of perjury that the records commencing on ____/____/____ and ending on ____/____/____

submitted herein and consisting of _____ pages are the originals, full and correct documents, which depict the payroll
of Pages

record(s) of actual disbursements by way of cash, check or whatever form to the individual or individuals named 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 Regulation, 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

- (1) That this employer has complied with the requirements of the California Labor Code Sections 1771, 1811, and 1815 for all work performed on this public works project, and that the classifications set forth therein for each trade rate conform with the work performed.
- (2) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State of California's Division of Apprenticeship Standards

PAYROLL/ OTHER DEDUCTIONS

1. I herein certify 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 United States of America have been made from these sums
2. All other deductions are clearly listed for each employee on an attachment as required by the Director of Industrial Relation, State of California.

OPTIONAL BENEFIT PLANS

I herein 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 programs 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 the 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.

Exception(s)

Craft	Explanation
-------	-------------

Craft	Explanation
-------	-------------

I herein certify under penalty of perjury that all of the above is true and correct as submitted.

Date Signature (Wet Signature Required) Project Payroll#

Fill out each item below.
Name, Address and Social Security of each employee listed on the certified payroll.

Dates should be filled out to reflect the correct day of the week.

A certified payroll report is a legal document.
If all pertinent information is not filled out completely and accurately, it will be returned.



PUBLIC WORKS PAYROLL REPORTING FORM

Fill out all underlined information.

Page ____ of ____

NAME OF CONTRACTOR OR SUBCONTRACTOR: _____

CONTRACTOR'S LICENSE NO.: _____ ADDRESS: _____

SPECIALTY LICENSE NO.: _____

PAYROLL NO.: _____ FOR WEEK ENDING: _____

SELF-INSURED CERTIFICATE NO.: _____ PROJECT OR CONTRACT NO.: _____

WORKERS' COMPENSATION POLICY NO.: _____ PROJECT AND LOCATION: _____

(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WEEKS EMPLOYED	(3) WORK CLASSIFICATION	(4) DATE							(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED									(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS							(9) NET WGS PAID FOR WEEK	CHECK NO.
			M	T	W	TH	F	S	S			THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/HOLIDAY	HEALTH & WELF.	PENSION	TRAINING	FUND ADMIN	DUES	TRAV/REIM.	SAVINGS	OTHER*	TOTAL DEDUCTIONS		
			HOURS WORKED EACH DAY									REGULAR		OVERTIME		REGULAR		OVERTIME		REGULAR		OVERTIME		REGULAR		OVERTIME			
		OPERATING ENGINEER HEAVY & HIGHWAY GROUP 1																											
		CARPET, LINOLEUM, FLOOR PREPARATION WORKER TRAINEE, THIRD 6 MONTHS																											
		Laborer Group 1																											

Work classification should match DIR website. <http://www.dir.ca.gov> and be listed for every employee.

Rate of pay should not be less than classification from DIR web.

STRAIGHT TIME SHOULD BE LISTED ON THIS COLUMN.
Overtime hours should be listed separately.

SAMPLE

All hours should be totaled.

All hours should be broken up for each day.

Check number must be listed for each pay period per employee.

5b. CPR form with instructions

Form 9-1-14 (Rev. 1-08)

* - STRAIGHT TIME
(1) - 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)

List all deductions for employees participating in 401A plans.

Please include updated fringe benefit statements and vacation/holiday dues checkoff with first certified payroll report and going forward if contributions have changes for the employees or trades.

TO BE TYPED ON COMPANY LETTERHEAD

6. STATEMENT OF NON-PERFORMANCE

Payroll # _____

Date _____

I do hereby state that no persons employed on the construction of the
_____ Project, for _____
(Project Name) (Awarding Body)

Company, Contract No. _____ during the payroll period commencing on the
_____th day of _____, 200_ and ending on the _____th day of
_____, 200_.

(Company Name)

(Authorized Signer)

7. How to verify apprentices with instructions

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Division of Apprenticeship Standards (DAS)

monitors California apprenticeship law and standards, apprenticeship training, and programs to ensure high standards for on-the-job training.

search

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Feature

- [Electrician certification program](#)
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Apprentice certification

Apprenticeship certification for public works

Enter search string (L L L L F 9 9 9 9) here

Search

How to compile the search string:

The search string is a total of nine letters and numbers (no characters ' , - , etc): the first four letters of the last name (use spaces to make four letters if the last name is shorter than four letters), the first letter of the first name and the last four digits of the social security number (L L L L F 9 9 9 9). Letters can be entered as lower or upper case.

Examples:

Uncle Sam ssn 123-45-6789 would be entered as Sam U6789

Goddess Minerva ssn 123-45-5555 would be entered as MineG5555

Richard Al-Ham ssn 111-44-1111 would be entered as AlhaR1111

Robert O'Brian ssn 111-22-3333 would be entered as OBriR3333

James McHenry ssn 555-88-1234 might be entered as McHaJt234 or Mc HJ1234

If you cannot find the individual you are looking for, complete the certifications you have and see the notes below.

If a search string that was entered does not match with any apprentices in the Division of Apprenticeship Standards (DAS) database, this could be due to any of the following:

1. Not a registered apprentice.
2. The submitted search string does not match to DAS records (either the database has the wrong search criteria or you have the wrong search criteria).
3. The apprentice agreement has not been submitted to DAS or has not been entered into the database (agreements must be submitted within 30 days of the date that the apprentice signed the agreement).

If you believe that the apprentice should be reported as registered and is not, please contact your local office of the [Division of Apprenticeship Standards](#).

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<http://www.dir.ca.gov/DAS/appcertpw/AppCertSearch.asp>

Section 4

CLOSEOUT

Form that must be submitted to McGuire and Hester

During project / program closeout

Contractor affidavit

Labor Code 1775(b)(4) Affidavit

Contractor Affidavit
Contract # _____

1. I am the _____ (owner, officer, partner) of
_____ (Company) who performed work on the
_____ (Project) in the classification (s) of
_____.

The labor performed by these workers can best be described by
_____.

2. During the payroll periods commencing on _____ and
ending on _____ all persons employed by my company on
this project have been paid the specified prevailing rate of per diem wages for
the specified craft or classification pursuant to Labor Code Section 1771¹.
3. The apprenticeship committee (s) either denied or failed to respond to our
request for the dispatch of apprentices, and therefore all workers were
classified as journeyman

Or

4. Apprentice (s) worked a total of _____ hours and _____
journeyman worked a total of _____ hours establishing an apprentice \
journeyman ratio in hours of _____ to _____.

Or

5. Apprentices were employed in accordance with the DAS exemption that
required one apprentice for every five journeyman employed on each day of
the contract.

Executed this ____ day of ____ 20____, at _____, California.

Signature

¹ Except for public works project of one thousand dollars (\$1000) or less, not less than the general prevailing rate of per diem wages for work of a similar character in the locality in which the public work is performed, and not less than the general prevailing rate of per diem wages for holiday and overtime work fixed as provided in this chapter, shall be paid to all workers employed on public works.

LABOR CODE §1775(b)(4) AFFIDAVIT

*[Required prior to General Contractor making final payment
to the Subcontractor for work performed on any Public Works Project.]*

I, _____ (printed name) the undersigned, am
_____ (position in business) with the authority to act
for and on behalf of _____, (name of Subcontractor)
certify under penalty of perjury that _____ (name of
the subcontractor) has paid the specified general prevailing rate of per diem
wages to his/her/its employees on _____
(name of the public works project) and any amount due pursuant to Section 1813.

Date: _____ Signature: _____