

## LABOR COMPLIANCE / PREVAILING WAGE DOCUMENTS SUBMITTAL SCHEDULE

Document Name	Frequency	Submittal Due Date	Notes:
<b>LCP Checklist</b>	1-time submittal	At pre-construction/LCP meeting	Must be submitted by all listed contractors and subcontractors
<b>Form DAS-140</b> Public Works Contract Award Info <b>Form DAS-142</b>	1-time submittal	Prior to start of work	A copy MUST be forwarded to the Labor Compliance Officer <i>A DAS-142, the form to "request for dispatch of an apprentice" is not a required submittal; however, making a request for the dispatch of an apprentice IS REQUIRED (verbal or written). Therefore, the submittal of a DAS-142 is recommended, since it serves as proof the request was made.</i>
<b>Fringe Benefit Statement</b>	1-time submittal, then as benefit amounts change	Submitted with 1 <sup>st</sup> CPR, then as contribution amount changes	In the event fringe benefits are paid "in cash" to workers, contractor should indicate "fringe benefits paid in cash" across this form.  Note: Training contributions should be paid to the CAC or an approved apprenticeship training program; not to the employee.
<b>Statement of Compliance</b> <b>Certified Payroll Report (CPR)</b> <b>Statement of Non-Performance</b>	Weekly	Within 10 days of end of payroll period	CPRs to be submitted to the Labor Compliance Officer within 10 days from the end of the payroll period. All documents modifying the payrolls must accompany the CPR; these include but are not limited to: approved "make-up days," "special-shifts," "alternative work schedules."  All inactive workweeks (after the submission of the 1 <sup>st</sup> CPR) should be reported on a "Statement of Non-Performance"
<b>Owner-Operators Statement of Compliance</b> <b>Owner-Operator CPR</b>	Weekly	Within 10 days of end of payroll period	If applicable, all Owner-Operators are to be reported on these forms. Forward forms to the Labor Compliance Officer weekly.
<b>Employer's Monthly Report to Trustees</b> <b>Copy of the contribution check</b>	Monthly	Within 15 days of end of reporting month	Submit monthly reports sent to the trust/plan along with a copy of the contribution check, to the Labor Compliance Officer.
<b>Form CAC-2</b> Training Funds Contributions <b>Copy of the contribution check</b>	Monthly	By the 15 <sup>th</sup> of each month, for work performed in the preceding month	A copy MUST be forwarded to the Labor Compliance Officer  Monthly submittal should reflect the accurate monthly man-hours performed during the previous month. The CAC-2 form must be accompanied with a copy of the contribution check.
<b>Public Works Affidavit</b>	1-time submittal	At conclusion of work	To be submitted to the Labor Compliance Officer by the prime and each sub at the conclusion of the work and prior to release of retention.

# Checklist of Labor Law Requirements

(CCR Title 8, Section 16421)

Ultimately the prime contractor is liable for their sub and specialty contractors. This checklist is a useful tool for the prime contractor to ensure that their sub and specialty contractors know their responsibilities on public works projects. Contractors who understand and comply with the law are more likely to deliver the job on time, on budget and done right the first time. We suggest the prime contractor encourage completion of this checklist by their sub and specialty contractors.

NAME (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PROJECT MANAGER \_\_\_\_\_ SUPERINTENDENT/FOREMAN \_\_\_\_\_

CERTIFIED PAYROLL \_\_\_\_\_ PHONE/EXT. \_\_\_\_\_

CONTRACTOR LICENSE NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SPECIALTY LICENSE NO. \_\_\_\_\_

SELF-INSURED CERTIFICATE NO. \_\_\_\_\_ WORKERS COMP. POLICY NO. \_\_\_\_\_

PROJECT NAME \_\_\_\_\_ PROJECT #/BID PACKAGE# \_\_\_\_\_

AWARDING BODY \_\_\_\_\_ ADVERTISEMENT DATE \_\_\_\_\_

IF SUB-CONTRACTING, LIST YOUR PRIME/GENERAL CONTRACTOR \_\_\_\_\_

CONTRACT AWARD AMOUNT \_\_\_\_\_

THE FEDERAL AND STATE LABOR LAW REQUIREMENTS APPLICABLE TO THE CONTRACT ARE COMPOSED OF, BUT NOT LIMITED TO, THE FOLLOWING:

## **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 not less than the specified general prevailing wage rates to all workers employed in the execution of the contract. *Labor Code Section 1770 et seq.*

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. Additionally, current wage rate information can be found at the DLSR web site, [www.dir.ca.gov/dlsr/statistics\\_research.html](http://www.dir.ca.gov/dlsr/statistics_research.html).

## **Apprentices**

It is the duty of the contractor and subcontractors to employ registered apprentices on the public works project and to comply with all aspects of *Labor Code Section 1777.5*, relating to Apprentices on Public Works. (1) Notify approved apprenticeship programs of contract award; (2) employ apprentices; (3) pay training fund contributions.

## **Penalties**

There are penalties required for contractor's/subcontractor's failure to pay prevailing wages and for failure to employ apprentices, including forfeitures and debarment under *Labor Code Sections 1775; 1776; 1777.1; 1777.7 and 1813*.

## **Certified Payroll Reports**

Under *Labor Code Section 1776*, contractors and subcontractors are required to keep accurate payroll records showing the name, address, social security number and work classification of each employee and owner performing work; also the straight time and overtime hours worked each day for each week, the fringe benefits, and, the actual per diem wage paid to each owner, journey person, apprentice worker or other employee hired in connection with the public works project.

This requirement includes and applies to all subcontractors performing work on Awarding Body projects even if their portion of the work is less than one half of one percent (0.05%) of the total amount of the contract.

The certified payroll records shall contain the same data fields listed on the *Public Works Payroll Reporting Form (A-1-131)* and contain or is accompanied by a declaration made under penalty of perjury. (*California Code of Regulations, Section 16401*).

Prime Contractors are responsible for submittal of their payrolls and those of their respective subcontractors as one package. Any payroll not submitted in the proper form will be rejected. In the event that there has been no work performed during a

## Checklist of Labor Law Requirements, continued

given week, the Certified Payroll Report shall be annotated: "No work" for that week or a Non-Performance Statement must be submitted.

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

Under *Labor Code Section 1776(g)* there are penalties required for contractor's/subcontractor's failure to maintain and submit copies of certified payroll records on request.

**Nondiscrimination in Employment**

There exist prohibitions against employment discrimination 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*.

**Kickbacks Prohibited**

Contractors and subcontractors are prohibited from recapturing wages illegally by accepting or extracting "kickbacks" from employee wages under *Labor Code Section 1778*.

**Acceptance of Fees Prohibited**

There exists a prohibition against contractor/subcontractor acceptance of 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*.

**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 one percent, pursuant to *Government Code Section 4104*.

**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.*

**Unfair Competition Prohibited**

Contractors and sub-contractors are prohibited from engaging in unfair competition as specified under *Business and Professions Code Sections 17200 to 17208*.

**Workers Compensation Insurance**

*Labor Code Section 1861* requires that contractors and subcontractors be insured properly for Workers Compensation.

**OSHA**

Contractors and subcontractors are required to abide by the Occupational, Safety and Health laws and regulations that apply to the particular construction project.

**Proof of Eligibility/Citizenship**

The federal prohibition against hiring undocumented workers, and the requirement to secure proof of eligibility/citizenship from all workers, is required.

**Itemized Wage Statement**

*Labor Code Section 226* requires that employees be provided with itemized wage statements.

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### CERTIFICATION

I acknowledge that I have been informed and am aware of the foregoing requirements and that I am authorized to make this certification on behalf of \_\_\_\_\_  
(COMPANY NAME)

I fully understand that failure to comply with any of the above requirements may subject me, or my company, to penalties as provided above.

Contractor \_\_\_\_\_ (SIGNATURE) \_\_\_\_\_ (DATE)

Awarding Agency /Labor Compliance Program \_\_\_\_\_ (SIGNATURE) \_\_\_\_\_ (DATE)

**Division of Apprenticeship Standards**  
**Apprentices on Public Work projects - Summary of requirements**

Compliance with California [Labor Code Section 1777.5](#) requires all public works contractors and subcontractors to:

**1. Submit contract award information.**

Contractors who are not already approved to train by an apprenticeship program sponsor shall provide contract award information to all of the applicable apprenticeship committees whose geographic area of operation includes the area of the public works project. **Submit contract award information** to the apprenticeship committee for each apprenticeable craft or trade in the area of the site of the public works project that has approved the contractors, who are participants in an approved apprenticeship program, to train apprentices. ([Title 8, California Code of Regulations, Section 230](#)).

The contract award information shall be in writing and may be on a [Public Works Contract Award Information form \(DAS 140\)](#). The information shall be provided to the applicable apprenticeship committee within ten (10) days of the date of the execution of the prime contract or subcontract, but in no event later than the first day in which the contractor has workers employed upon the public work. ([Title 8, California Code of Regulations, Section 230](#)). **The filing of a DAS 140 is not a request for dispatch of registered apprentices.**

**2. Employ registered apprentices** on the Public Works project in a ratio of no less than one (1) hour of apprentice work for every five (5) hours performed by a journeyman. ([Title 8, California Code of Regulations, Section 230.1](#))

All contractors must request dispatch of required apprentices from an Apprenticeship Program (for each apprenticeable craft or trade) by giving the Program actual notice of at least 48 hours (excluding Saturdays, Sundays and holidays) before the date on which apprentices are required. Contractors who are not already participating in an approved program and who did not receive sufficient number of apprentices from their initial request, must request dispatch of apprentices from at least one other Apprenticeship Committee, if more than one exists in the area of the public works project. ([Title 8, California Code of Regulations, Section 230.1\(a\)](#))

**3. Make training fund contributions** in the amount established in the Prevailing Wage Rate publication for journeymen and apprentices. Contractors who contribute to an apprenticeship program are entitled to a full credit in the amount of those contributions. Contractors who do not contribute to an apprenticeship program must submit their contributions to the California Apprenticeship Council, P. O. Box 420603, San Francisco, CA 94142-0603. **Training fund contributions to the Council are due and payable on the 15th day of the month for work performed during the preceding month.**

Training contribution to the Council shall be paid by check and shall be accompanied by a completed [Training Fund Contributions form \(CAC-2\)](#), or a form containing the following information ([Title 8, California Code of Regulations, Section 230.2\(c\)](#)):

- (1) The name, address, and telephone number of the contractor making the contribution.
- (2) The contractor's license number.
- (3) The name and address of the public agency that awarded the contract.
- (4) The jobsite location, including the county where the work was performed.
- (5) The contract or project number.
- (6) The time period covered by the enclosed contributions.
- (7) The contribution rate and total hours worked by apprenticeable occupation.
- (8) The name of the program(s) that provided apprentices, if any.
- (9) The number of apprentice hours worked, by apprenticeable occupation and by program.

See <http://www.dir.ca.gov/> for the complete regulations and Labor Code provisions.

DAS P.W. (5/02)

## 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**

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

## TRAINING FUND CONTRIBUTIONS

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

NAME AND ADDRESS OF CONTRACTOR/SUBCONTRACTOR MAKING CONTRIBUTION	CONTRACTOR'S LICENSE NUMBER			
	CONTRACT OR PROJECT NUMBER			
	JOBSITE LOCATION (INCLUDE COUNTY) IF APPLICABLE. GIVE NAME OF SCHOOL, HOSPITAL, BUILDING, ETC.			
NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT	PERIOD COVERED BY CONTRIBUTION (FROM-TO)			
	CLASSIFICATIONS OF WORKERS (CARPENTER, PLUMBER, ELECTRICIAN, ETC.)	COUNTY WORK PERFORMED IN	HOURS	CONTRIBUTION RATE PER HOUR
SIGNATURE PLEASE TYPE OR PRINT YOUR NAME				DATE
TITLE				AREA CODE & TELEPHONE NUMBER

# 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 ...*







**STATEMENT OF COMPLIANCE**

Date

I, \_\_\_\_\_ do hereby certify under penalty of perjury:  
 (Name of signatory party) (Title)

(1) That all the information in this report is true and correct;  
 (2) That I pay or supervise the payment of the persons reported as employed by \_\_\_\_\_  
 on the \_\_\_\_\_, that during the payroll period commencing on the \_\_\_\_\_ day of \_\_\_\_\_  
 (Project)  
 20 \_\_\_\_ and ending the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, all persons employed on said project have been paid their  
 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 weekly wages earned by any person and that no deductions have been  
 (Contractor or Subcontractor)  
 made either directly or indirectly from the full wages earned by any person, other than permissible deductions, as described below:

(3) 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 wages 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 or she performed.

(4) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.

(5) 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, payment 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 5 (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 5 (c) below:

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks:

Name and Title	Signature
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On federally-funded projects, permissible deductions are 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. 967; 76 Stat. 357; 40 U.S. C. 276c). The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (Section 1001 of Title 118 and Section 231 of Title 31 of the United States Code.)



## FRINGE BENEFIT STATEMENT

Contract No.:	Project Name:	Date:
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**INSTRUCTIONS:** This form is to be submitted with the first certified payroll. In order that the Fringe Benefit rates can be used for checking payrolls or applied to Force Account work which may be done on the above contract the hourly rates for fringe benefits, subsistence and/or travel allowance payment (as required by collective bargaining agreements) made for employees on the various classes of work are tabulated below. THIS DOCUMENT CONTAINS PERSONAL INFORMATION AND PURSUANT TO CIVIL CODE 1796.21, IT SHALL BE KEPT CONFIDENTIAL IN ORDER TO PROTECT AGAINST UNAUTHORIZED DISCLOSURE.

Classification:	Effective Date:	Subsistence or Travel Pay:
Health and Welfare \$	Trust Fund Paid To: (Name)	
	Address:	
Pension \$	Trust Fund Paid To: (Name)	
	Address:	
Vacation/Holiday \$	Trust Fund Paid To: (Name)	
	Address:	
Training and/or Other \$	Trust Fund Paid To: (Name)	
	Address:	

Classification:	Effective Date:	Subsistence or Travel Pay:
Health and Welfare \$	Trust Fund Paid To: (Name)	
	Address:	
Pension \$	Trust Fund Paid To: (Name)	
	Address:	
Vacation/Holiday \$	Trust Fund Paid To: (Name)	
	Address:	
Training and/or Other \$	Trust Fund Paid To: (Name)	
	Address:	

Classification:	Effective Date:	Subsistence or Travel Pay:
Health and Welfare \$	Trust Fund Paid To: (Name)	
	Address:	
Pension \$	Trust Fund Paid To: (Name)	
	Address:	
Vacation/Holiday \$	Trust Fund Paid To: (Name)	
	Address:	
Training and/or Other \$	Trust Fund Paid To: (Name)	
	Address:	

Supplemental statement must be submitted during the progress of work should a change in rate of any of the classifications be made. I CERTIFY THAT THE FRINGE BENEFIT PAYMENTS ARE MADE TO THE APPROVED PLANS, FUNDS OR PROGRAMS AS LISTED ABOVE.

Submitted (Contractor/Subcontractor)	By (Name and Title)	Signature
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**OWNER-OPERATOR LISTING STATEMENT OF COMPLIANCE**

Date \_\_\_\_\_

I, \_\_\_\_\_ do hereby certify under penalty of perjury:  
 (Name of signatory party) (Title)

- (1) That all the information in this report is true and correct;
- (2) That I pay or supervise the payment of the persons reported as Owners-Operators by \_\_\_\_\_

\_\_\_\_\_ (Contractor or Subcontractor)  
 on the \_\_\_\_\_, that during the payroll period commencing on the \_\_\_\_\_ day of \_\_\_\_\_  
 (Project)

20 \_\_\_\_\_ and ending the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, all persons employed on said project have been paid their full weekly wages earned, that no rebates have or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_ (Contractor or Subcontractor) 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 described below:

(3) 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 wages 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 or she performed.

(4) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.

(5) 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, payment 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 5 (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 5 (c) below:

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks:

Name and Title	Signature
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On federally-funded projects, permissible deductions are 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. 967; 76 Stat. 357; 40 U.S. C. 276c). The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (Section 1001 of Title 118 and Section 231 of Title 31 of the United States Code.)

**OWNER-OPERATOR LISTING** NOTE: CERTIFICATION WILL BE ACCEPTED ONLY FROM THE CONTRACTOR EMPLOYING THE OWNER OPERATOR. IT WILL NOT BE ACCEPTED FROM THE OWNER OPERATOR HIMSELF.

NAME OF CONTRACTOR EMPLOYING OWNER-OPERATOR (S)		ADDRESS															
PAYROLL NO.	FOR THE WEEK ENDING	PROJECT AND LOCATION								CONTRACT NO.							
NAME, ADDRESS, SOCIAL SECURITY NO. AND CONTRACTOR'S LICENSE NO. OF OWNER OPERATOR (IF ANY)	WORK CLASSIFICATION	DESCRIPTION OF EQUIPMENT	TRUCK, CAL T. NO. AND/ OR EQUIP. LICENSE NO.	DAY AND DATE								TOTAL WEEKLY HOURS	HOURLY RATE OF PAY	GROSS PAYMENT EARNED	CHECK NO.		
				S	M	T	W	T	F	S							
				O													
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## EMPLOYER'S MONTHLY REPORT TO TRUSTEES

1 THIS REPORT IS TO COVER HOURS FOR THE MONTH OF:	ACCOUNT NO.	I do hereby certify under penalty of perjury that the employees listed below constitute all the employees that I am required to make payments to the Trust. Furthermore, I certify that the hours shown for each employee are the total hours which he/she worked or was
LICENSE NO.		
EMPLOYER NAME AND ADDRESS  If the above information is incorrect, please indicate changes which should be made.		

Signed by: \_\_\_\_\_  
Title: \_\_\_\_\_

### 2 COMPUTATION OF CONTRIBUTIONS

6 TOTAL HOURS ON ALL PAGES	A. VACATION/DUES	B. PENSION	C. TRAINING AND RETRAINING	D. HEALTH AND WELFARE	E. INDUSTRY	MAKE ONE CHECK FOR TOTAL AMOUNTS OF COLUMNS A, B, C, D & E
	_____ PER HOUR	_____ PER HOUR	_____ PER HOUR	_____ PER HOUR	_____ PER HOUR	
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
LIQUIDATED DAMAGES						
TOTAL DUE EACH TRUST	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	

3 EMPLOYEE'S NAME	INITIALS 1ST 2ND	4 SOCIAL SECURITY NO.	5 HOURS	7 IMPORTANT THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH.
				<input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS.  <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.  <b>IMPORTANT</b> REPORTS ARE DUE THE 15TH OF THE FOLLOWING MONTH AND MUST BE RECEIVED AT THE BANK BY THE 20TH TO AVOID LIQUIDATED DAMAGES (EVEN IF THERE WERE NO EMPLOYEES) AND INTEREST. LIQUIDATED DAMAGES ARE CALCULATED AT 20% OF THE TRUST OR \$25 PER TRUST, WHICHEVER IS GREATER. INTEREST IS DUE AT THE MAXIMUM RATES PERMITTED BY LAW AND SPECIFIED IN THE TRUST AGREEMENT OF EACH TRUST. THESE RATES VARY AND MAY APPROACH OR EXCEED 20% PER ANNUM.

IMPORTANT: SOCIAL SECURITY NUMBER MUST BE FILLED TO ASSURE PROPER CREDIT.

TOTAL HOURS THIS PAGE: \_\_\_\_\_



**PUBLIC WORKS AFFIDAVIT  
California Labor Code §1775(b)(4)**

The undersigned Contractor/Subcontractor has complied with the provisions of the California Labor Code §1771, §1773.1, §1775, §1776, §1777.5, §1813 and §1815, and has paid all employees the specified general prevailing rate of per diem wages to its employees, and any amounts due pursuant to §1813, on the public project:

**Project:** \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at  
\_\_\_\_\_, California.

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Approved by LCO/Program Manager)

[No final payment or retention shall be paid to the contractor until it certifies that all benefit payments owed by the contractor are made or otherwise guaranteed.]



## STATEMENT OF NON-PERFORMANCE

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

I, \_\_\_\_\_, \_\_\_\_\_ do hereby state that  
(Name of Signatory party) (Title)

NO PERSONS employed by \_\_\_\_\_ performed work on  
(Name of submitting company)

the construction project known as \_\_\_\_\_

for the payroll period commencing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(1<sup>st</sup> date of week) (month)

and ending on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(last date of week) (month)

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

**\*THIS STATEMENT IS NOT REQUIRED TO BE SUBMITTED UNTIL AFTER SUBMISSION OF THE INITIAL PAYROLL REPORT**