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| CONTRACTOR OR SUBCONTRACTOR NAME | CONTRACTORS LICENSE # | ADDRESS |
| | SPECIALTY LICENSE # | |
| PAYROLL NO. | SELF INSURED CERTIFICATE # | PROJECT OR CONTRACT NO. |
| FOR WEEK ENDING | WORKERS COMPENSATION POLICY # | PROJECT AND LOCATION |

| (1) EMPLOYEE'S NAME, ADDRESS AND SOCIAL SECURITY # | (2) # WITHHOLDING EXEMPTIONS | (3) WORK CLASSIFICATION | (4) STRAIGHT TIME OVER TIME | (5) | | | | | | | (6) TOTAL HOURS WORKED | (7) HOURLY RATE OF PAY | (8) | | (9) | | | | | | | | (10) CHECK NUMBER | | | |
|--|---------------------------------|----------------------------|--------------------------------|------|---|---|---|----|---|---|---------------------------|---------------------------|-----------------------------------|---|-----|---------------|----------------|---------------|---------|------------------|------------------|---------------|----------------------|-------------------|--|--|
| | | | | DAY | | | | | | | | | GROSS AMOUNT EARNED ON PROJECT(S) | DEDUCTIONS, CONTRIBUTIONS, AND PAYMENTS | | | | | | | | | | | | |
| | | | | S | M | T | W | Th | F | S | | | | THIS | ALL | FEDERAL TAXES | FICA (SOC SEC) | STATE TAXES | SDI | VACATION HOLIDAY | HEALTH & WELFARE | PENSION | | TRAINING | | |
| | | | | DATE | | | | | | | | | | | | FUND ADMIN. | DUES | TRAVEL & SUBS | SAVINGS | MEDICARE | OTHER | TOTAL DEDUCTS | | NET PAID FOR WEEK | | |
| HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | | | | | | | |
| SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | O | | | | | | | | | | | | | | | | | | | | | | | |

S = Straight Time O = Overtime * OTHER Any other deductions, contributions, and/or payments whether or not required by prevailing wage determinations must be separately listed. Use extra sheets if necessary. CERTIFICATION must be completed (see back)

Payroll Certification

I _____, the undersigned, am the _____
(Insert Name) (Insert Title of Position with Company)

with the authority to act for and on behalf of _____
(Insert Name of Business and/or Contractor)

I certify under penalty of perjury that the record or copies thereof submitted, dated _____ to _____
and consisting of _____
(Insert Description of Documents and Number of Pages)

are the originals or true, full and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

This employer has complied with the requirements of Sections 1771, 1811, and 1815 for all work performed on this public works project.

All apprentices, if any, employed in the period covered by this document are duly registered in a bona fide apprenticeship program registered with the State of California's Division of Apprenticeship Standards.

I hereby certify that 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 the United States of America have been made from these sums.

All other deductions are clearly listed for each employee on an attachment as required by the Director of Industrial Relations, State of California.

I hereby 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 THROUGH 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 _____ Exception _____

Craft _____ Exception _____

Craft _____ Exception _____

Craft _____ Exception _____

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

Date _____ Signature _____ Printed Name _____

Project _____ Payroll Number _____