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Labor Compliance Program Guidebook For Non-School Districts and Public Agencies

Please provide this packet to all subcontractors with instruction that they provide it to all lower tier subcontractors. The general contractor is ultimately responsible for labor compliance on this project.

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Section 1 INTRODUCTION

Overview

Overview

Davillier-Sloan, Inc. is a third party Labor Compliance Program (LCP) administrator for this project. DSI has developed a LCP Guidebook for your reference that highlights the requirements, submittals and timelines necessary to be compliant with the California Code of Regulations Labor Codes applicable to public works projects.

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

General Contractor Responsibilities:

1. It is the contractor's duty to pay prevailing wages and assure that all subcontractors at all tiers pay the prevailing wages under California Labor Code Section 1720.
2. The general contractor has the ultimate responsibility for the submission of all certified payroll and related information for itself and for subcontractors at all tiers in a timely and complete manner.
3. The general contractor must collect and review all the subcontractors' payroll and forward to DSI's office no less than once a week.

Required Forms:

- **Prior to construction**

1. Contractor and subcontractor information sheet
 - The general and each subcontractor at all tiers must complete this form before starting work.
2. Pre Job Checklist of California Code of Regulations Number 16430
 - The general and each subcontractor at all tiers must complete 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'
 - This is a 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 general and each subcontractor at all tiers must submit this form within 10 days of the date of the execution of the prime 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 general and each subcontractor at all tiers must complete and submit a request for dispatch for an apprentice in writing at least 48 hours prior to the date apprentices are needed. Submit the DAS 142 to the JATCs in the area of the project for each apprenticeable craft. If insufficient or no apprentices are received, submit the DAS 142 to at least one additional JATC in the area, if available. The general and each subcontractor at all tiers must submit a copy of

this request and the JATC response as good faith effort documentation in the event the apprentice utilization requirement is not reached.

- **During construction**

1. Contractor and Subcontractor Fringe Benefit Statement
 - This form 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 proceeding month. Refer to the Department of Industrial Relations (DIR) applicable prevailing wage determinations for the amount owed for each hour of work performed for journeyman and apprentices. The general and each subcontractor at all tiers must submit a photocopy of the form to DSI.
3. Contractor's Review Checklist for Certified Payroll Report (CPR)
 - This is a checklist to be used while reviewing the payroll to ensure compliance and completeness of the payroll prior to submitting to either the prime contractor or to DSI.
4. Statement of Compliance
 - On the statement of compliance form, please 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 maybe used when the fringe benefits are paid to approved plans and directly to the employee, in that case, please provide detailed explanation.
5. Certified Payroll Report (CPR)
 - Contractors can use their own form as long as it contains all the DIR/CPR information on it. If your system cannot print out all the required information it must be hand written on the certified payroll before it can be submitted.
 - Anyone who is working with tools must be listed on the certified payroll including but not limited to owners, operators, surveyors, and foreman.
6. Statement of Non-Performance
 - This form must be submitted in lieu of CPR submitted for every week that work has not been performed.
 - Does not need to be submitted until after the first CPR is received.
 - One form may be submitted for consecutive weeks if non-performance applies.
7. Proof of apprenticeship verification
 - Verification is now available on the DIR website at <http://www.dir.ca.gov/DAS/appcertpw/AppCertSearch.asp>

- **Program/Project Closeout**

1. Contractor Affidavit

- This form 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:

- There is a requirement that all contractors at all tiers hire apprentices unless the total construction contract is less than \$30,000 or it is not an apprenticeable craft.
- Contractors at all tiers, including general or specialty subcontractors shall employ registered apprentice(s) during the performance of a public work project in accordance with the required one hour of work performed by an apprentice for every five hours of labor 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 Determination:

- **The prevailing wage determinations are based on the first bid advertisement/publication 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 DIR 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 this 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.

Site Visits:

- DSI will conduct site visits and on-site worker interviews on a regular basis to confirm that the workers are being properly classified and paid applicable prevailing wage rates. During an investigation or audit, more frequent site visits and/or worker interviews may be performed to obtain additional information and evidence, as needed and applicable.



Section 2

PRE-CONSTRUCTION SUBMITTALS

Forms that must be submitted to DSI
prior to construction

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

1. CONTRACTOR INFORMATION FORM

The prime contractor and **EACH** subcontractor working on this project must complete this form. Subcontractors are to turn this form into their prime contractors.
Please type or print clearly.

Business Name _____

Doing business as (DBA) _____

License Number _____ License Class & Type _____

Address, City, State, Zip _____

Complete Project Name _____

Agency Project Number _____ Contract Amount _____

Scope of work (Trades utilized): _____
(Further explanation can be attached on separate sheet of paper)

Contact Name (Foreman/Site Superintendent) _____

Phone Number ((Foreman/Site Superintendent) _____

Fax Number (company) _____

Contact Name (certified payrolls) _____

E-mail Address (certified payrolls) _____

Phone Number (certified payrolls) _____

Estimated Start Date _____ Estimated Completion Date _____

List subcontractors/Notify DSI when new subcontractors (any tier) come on site:

On this project, this company is the (circle one): general contractor 1st tier sub-contractor lower tier subcontractor _____

2. PRE JOB CHECKLIST CALIFORNIA CODE OF REGULATIONS

California Code of Regulations § 16430 (a) (2) checklist for public works contractors

Project Name: _____ **Agency Project Number:** _____

REGULATIONS

- | |
|--|
| 1) The contractor's duty to pay prevailing wages under Labor Code § 1770 et seq, should the project exceed the exemption amounts; |
| 2) The contractor's duty to pay employ registered apprentices on the public works project under Labor Code § 1777.5; |
| 3) The penalties for failure to pay prevailing wages (for non-exempt projects) \$50.00 per day per person and employ apprentices (\$100.00 per day per person) including forfeitures and debarment under Labor Code § 1775 and 1777.7; |
| 4) The requirement to keep and submit copies each week and upon request of certified payroll records under Labor Code § 1776, and penalties for failure to do so under Labor Code § 1776 (g); |
| 5) The prohibition from discrimination in employment under Labor Code § 1777.6; the Government Code, and the Title VII of the Civil Rights Act of 1964; |
| 6) The prohibition from accepting or extracting kickbacks from employee wages under Labor Code § 1778; |
| 7) The prohibition against accepting fees for registering any person for public work under Labor Code § 1779; or for filling work orders on public works under Labor Code § 1780; |
| 8) The requirement to list all subcontractors under Public Contracts Code § 4104 for work exceeding ½ of 1%; |
| 9) The requirement all subcontractors must be properly licensed and the penalty for employing workers while unlicensed under Labor Code § 1021 and under California Contractors License Law, found at B&P Code § 7028.15 |
| 10) Prohibition against unfair competition under B&P § 17200-17208; |
| 11) All contractors of any tier must be properly insured with Workers Compensation under Labor Code § 1860 – 1861 and contract general conditions; |
| 12) The requirement that the contractor abide by the Occupational, Safety and Health laws and regulations that apply to the particular construction project; |
| 13) The prohibition against hiring undocumented workers, and the requirement to secure proof of eligibility/citizenship from all worker |
| 14) The requirement that all workers employed by C-10 electrical contractors or subcontractors as journey level electricians be state-certified (by the California Division of Apprenticeship Standards) pursuant to Labor Code 3099.2 |

I acknowledge that I have been informed and am aware of the foregoing requirement and that I am authorized to make this certification on behalf of:

Contractor's Name: _____ **Company:** _____

Contractor's Signature: _____ **Date:** _____

Please fill out and fax to 510-835-7613 or email to info@davillier-sloan.com



3. DAS-140 Form

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**

4. DAS-142 Form

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 DSI 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

1a. FRINGE BENEFIT STATEMENT FORM

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.

Classification:			Effective Date:	Subsistence or Travel Pay:
FRINGE BENEFITS Hourly Rates	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 Hourly Rates	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 Hourly Rates	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:	

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:

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:
	Vacation/Holiday	\$ 2.28	Paid To: Name: List all deductions for employees participating in 401A plans. Address:
	Training and/or Other	\$ 0.34	Paid To: Name: Address:

	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:
	Vacation/Holiday	\$	Paid To: Name: Address:
	Training and/or Other	\$	Paid To: Name: Address:

	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:
	Vacation/Holiday	\$	Paid To: Name: Address:
	Training and/or Other	\$	Paid To: Name: Address:

***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
 California Apprenticeship Council
 P.O. Box 420603
 San Francisco, CA 94142

2a. CAC-2 form
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/SUB CONTRACTOR 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	AMOUNT	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				Total	\$0.00
SIGNATURE PLEASE TYPE OR PRINT YOUR NAME			DATE		
TITLE			AREA CODE & TELEPHONE NUMBER		

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

2b. CAC-2 form with instructions

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

California Apprenticeship Council

Please note: **no contributions** for federal projects or non apprenticesable occupations

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-apprenticesable occupations such as utility technicians, teamsters, etc.

NAME AND ADDRESS OF CONTRACTOR/SUB-CONTRACTOR MAKING CONTRIBUTION Your company's name and address Each contractor/sub-contractor submits their own CAC 2 form and payment		YOUR CONTRACTOR'S LICENSE NUMBER Your six digit contractor's license number or federal ID# (no license classification codes)	
		CONTRACT OR PROJECT NUMBER Identify the project by contract number or name (if none leave blank)	
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.		NAME OF SCHOOL, HOSPITAL, BUILDING, ETC. Name & address of the jobsite	
		DATES COVERED BY CONTRIBUTION (FROM-TO) Dates or time period that work was performed (i.e., 01/01/06 – 01/31/06)	
OCCUPATIONAL CLASSIFICATION (PLEASE SELECT ONE) Please use the classifications as shown in the drop down menu or in the prevailing wage determinations	COUNTY WHERE WORK PERFORMED IN Name of County where work was performed.	HOURS # of hours/craft	CONTRIBUTION RATE PER HOUR 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
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 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

4a. STATEMENT OF COMPLIANCE form
(CERTIFICATION UNDER PENALTY OF PERJURY)

Date _____ at _____

I, _____ do certify under penalty of perjury:
(Name of signatory party) (Title)

- (1) That all of the information in this report is true and correct.
- (2) That I pay or supervise the payment of the persons employed by _____ on
(Contractor or subcontractor)

the _____, that during the payroll period commencing on the _____
day of _____ 20____ and ending the _____ day of _____ 20____
indirectly t 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 deduction, 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 rate for laborers or mechanics contained therein are not less than the applicable wage rate 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.

(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, 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 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

Information in this report is submitted pursuant to Sections 1770 thru 1780 of the California Labor Code. On federally-funded projects, permissible deductions are defined in Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948 63 Stat. 106, 72 Stat. 967; 76 Stat 357; 40 U.S.C. 276c). Also, the willful falsification of any of the above statements 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.)

4b. STATEMENT OF COMPLIANCE form
(CERTIFICATION UNDER PENALTY OF PERJURY)

Date Sent

Name and Title of authorized signer

Date _____ at _____

I, _____ do certify under penalty of perjury:
(Name of signatory party) (Title)

Name of Contractor or Subcontractor

- (1) **Name of job, building or work.** The information in this report is true and correct.
 (2) I, _____, do certify under penalty of perjury that I own or supervise the payment of the persons employed by _____ on _____
(Contractor or subcontractor)

Follow format

the _____ that during the payroll period commencing on the _____
 day of **September 20~~02~~** and ending the **22nd** day of **September 16th 20~~02~~**
 indirectly 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 deduction, as described below:

SAMPLE

(3) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rate for laborers or mechanics contained therein are not less than the applicable wage rate 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.

(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 THROUGH APPROVED PLANS, FUNDS, OR PROGRAMS

Check only one category, if more than one is checked, In addition to the basic wages listed on 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 5(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

checked, an explanation should be listed Each Laborer or mechanic listed on 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, except as noted in Section 5(c) below:

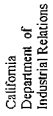
(c) EXCEPTIONS **in the area provided.**

EXCEPTION (CRAFT)	EXPLANATION
Name and Title of authorized signer	The ORIGINAL SIGNATURE of authorized signer is needed. Please do not send a copy or fax of this document.
Remarks:	This will cause the Certified Payroll to be returned in need of the Original Signature.
NAME AND TITLE	SIGNATURE

Information in this report is submitted pursuant to Sections 1770 thru 1780 of the California Labor Code. On federally-funded projects, permissible deductions are defined in Regulations, Part 3 (29CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948 63 Stat. 106, 72 Stat. 967; 76 Stat 357; 40 U.S.C. 276c). Also, the willful falsification of any of the above statements 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.)

5a. Certified Payroll Report (CPR) form

PUBLIC WORKS PAYROLL REPORTING FORM



California
Department of
Industrial Relations

Page _____ of _____

NAME OF CONTRACTOR: OR SUBCONTRACTOR:		CONTRACTOR'S LICENSE NO.: SPECIALTY LICENSE NO.:		ADDRESS:		PROJECT OR CONTRACT NO.: PROJECT AND LOCATION:					
PAYROLL NO.:		SELF-INSURED CERTIFICATE NO.: WORKERS' COMPENSATION POLICY NO.:		(7) GROSS AMOUNT EARNED		(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS		(9) NET WGS PAID FOR WEEK CHECK NO.			
(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO OF MONTHS EMPLOYED	(3) WORK CLASSIFICATION	(4)	FOR WEEK ENDING:					(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(9)
				DAY							
			DATE								
			HOURS WORKED EACH DAY								
			M T W TH F S S								
			S O S O S O S O								
			FUND ADMIN								
			STATE TAX								
			VAC/ HOLIDAY								
			HEALTH & WELF.								
			PENSION								
			OTHER*								
			TOTAL DEDUC. TIONS								

CERTIFICATION MUST be completed
(See reverse side)

*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

S = STRAIGHT TIME
O = OVERTIME
SDI = STATE DISABILITY INSURANCE

5b. CPR form with instructions

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

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.



PUBLIC WORKS PAYROLL REPORTING FORM

Fill out all underlined information.

Page _____ of _____

California Department of Industrial Relations

NAME OF CONTRACTOR: _____ ADDRESS: _____
 OR SUBCONTRACTOR: _____ SPECIALTY LICENSE NO.: _____
 PAYROLL NO.: _____ SELF-INSURED CERTIFICATE NO.: _____ PROJECT CONTRACT NO.: _____
 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	(4) FOR WEEK ENDING: _____							(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS								(9) CHECK NO.
			M	T	W	TH	F	S	S				FICA (SOC. SEC.)	FED. TAX	STATE TAX	SDI	VAC/HOLIDAY	HEALTH & WELF.	PENSION	NETWGS PAID FOR WEEK	
Work classification should match DIR website, http://www.dir.ca.gov and be listed for every employee.			8	9	10	11	12	13	14		THIS PROJECT	FICA (SOC. SEC.)	FED. TAX	STATE TAX	SDI	VAC/HOLIDAY	HEALTH & WELF.	PENSION			Check number must be listed for each pay period per employee.
											ALL PROJECTS	FUND ADMIN	TRAINING	DOES	TRAV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUCTIONS			
OPERATING ENGINEER - HEAVY & HIGHWAY GROUP 1											THIS PROJECT	FICA (SOC. SEC.)	FED. TAX	STATE TAX	SDI	VAC/HOLIDAY	HEALTH & WELF.	PENSION			All deductions and contributions should be filled out
											ALL PROJECTS	FUND ADMIN	TRAINING	DOES	TRAV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUCTIONS			
CARPET, LINOLEUM, FLOOR PREPARATION WORKER TRAINEE, THIRD 6 MONTHS											THIS PROJECT	FICA (SOC. SEC.)	FED. TAX	STATE TAX	SDI	VAC/HOLIDAY	HEALTH & WELF.	PENSION			All hours should be listed separately.
											ALL PROJECTS	FUND ADMIN	TRAINING	DOES	TRAV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUCTIONS			
Laborer Group 1											THIS PROJECT	FICA (SOC. SEC.)	FED. TAX	STATE TAX	SDI	VAC/HOLIDAY	HEALTH & WELF.	PENSION			All hours should be broken up for each day.
											ALL PROJECTS	FUND ADMIN	TRAINING	DOES	TRAV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUCTIONS			

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.

CERTIFICATION MUST be completed (See reverse side)

*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

S = STRAIGHT TIME
 O = OVERTIME
 SDI = STATE DISABILITY INSURANCE

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

California Home

Welcome to *California*

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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](#)
- [Electrician certification and electrician trainee information](#)

Apprentice certification

Apprenticeship certification for public works

Enter search string (LLLL9999) 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 (LLLL9999)**. 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 555-66-1234 might be entered as **McHeJ1234** 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

The form that must be submitted to DSI
during project / program closeout

Contractor 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.