

WEEKLY PAYROLL FORMS

State of CA - Dept. Of Industrial Relations Payroll Sheet

Statement of Compliance plus instructions



PUBLIC WORKS PAYROLL REPORTING FORM

(1) NAME ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY DATE							(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS								(9) NETS PAID FOR WEEK	CHECK NO.
			FOR WEEK ENDING										FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOL.	HEALTH & WELF	PENSION				
			M	T	W	Th	F	S	S										FED. TAX	FUND ADMIN.		
		S									ALL PROJECTS	FED. TAX	FUND ADMIN.	TRV/ SUBS.	SAVINGS	* OTHER	PENSION					
		O									ALL PROJECTS	FED. TAX	FUND ADMIN.	TRV/ SUBS.	SAVINGS	* OTHER	PENSION					
		S									ALL PROJECTS	FED. TAX	FUND ADMIN.	TRV/ SUBS.	SAVINGS	* OTHER	PENSION					
		O									ALL PROJECTS	FED. TAX	FUND ADMIN.	TRV/ SUBS.	SAVINGS	* OTHER	PENSION					
		S									ALL PROJECTS	FED. TAX	FUND ADMIN.	TRV/ SUBS.	SAVINGS	* OTHER	PENSION					
		O									ALL PROJECTS	FED. TAX	FUND ADMIN.	TRV/ SUBS.	SAVINGS	* OTHER	PENSION					

CONTRACTOR'S LICENSE # _____ ADDRESS _____ PROJECT OR CONTRACT NO. _____
 SPECIALTY LICENSE # _____ WORKERS' COMPENSATION POLICY # _____

* OTHER - Any other deductions, contributions and/or payments whether or not included or received by prevailing wage determination must be separately listed. Use extra sheet if necessary.

S = Straight time
 O = Overtime
 SDI = State Disability Insurance

CERTIFICATION must be completed (see back)

Form A-1-121 (NK-2-80)

**INSTRUCTIONS FOR USE OF PUBLIC WORKS PAYROLL REPORTING
FORM AND REQUIRED PAYROLL INFORMATION**

TITLE	EXPLANATION/INSTRUCTIONS
Name of Contractor <input type="checkbox"/> or Subcontractor <input type="checkbox"/>	Check appropriate box and fill in firm's name and contract license number
ADDRESS	Fill in your firm's complete address and include telephone number
PAYROLL NUMBER	Payrolls must be numbered consecutively
FOR WEEK ENDING	Fill in the date of your pay period ending
CONTRACT NUMBER	Fill in Contract number
Name, Address & Social Security Number of Employee	Self-explanatory. The employee's full name must be shown on each weekly payroll submitted. The employee's address must also be shown on the payroll covering the first week in which the employee works on the project. The address need not be shown on subsequent weekly payrolls unless his/her address changes.
No. of Withholding Exemptions	Self-explanatory. This column is merely inserted for the employer's convenience and is not a requirement.
Work Classifications	List classification descriptive of work actually performed by employees. Consult classifications and minimum wage schedule set forth in your contract specifications. Employee may be shown as having worked in more than one classification provided accurate breakdown of hours so worked is maintained and the wage rate for each class is shown on submitted payroll by use of separate line entries
OT/ST	Overtime/Straight Time
HOURS WORKED: -- Day and Date -- Hours worked each day	Enter days and dates of the work week. Enter hours worked in excess of 8 hours under overtime and hours worked during a legal day's work under straight time. Hours entered are for hours <u>actually worked on this contract only</u> . That is, if the employee worked on other projects or contracts during this same week, do not report those hours on this payroll.
RATE OF PAY	List actual hourly basic rate or general prevailing wage rate paid the employee for straight time and or overtime worked plus any cash in lieu of the fringes paid the employee. When recording basic rate (union contractors), vacation rates may be shown separately from the basic rate; thus, \$11.88\$1.45. This is of assistance in correctly computing overtime.
Gross Amount Earned: -- This Project -- All Projects	Sum of total hours time rate of pay Sum of all monies earned by employee for that week
DEDUCTIONS	Self-explanatory. Itemized deductions made based on the employee's gross amount earned . . . "All Projects" . Any deductions noted in the "other" column must be explained on the reverse side of the form. In addition, approval in writing by the employee for these deductions must be on file in the Labor Compliance Office. Note that vacation is included in the gross amount earned because it is taxable, then deducted.
NET WAGES PAID	Self-explanatory. Gross amount minus deductions.
CHECK NUMBERS	Check numbers are required on all payrolls, and the check issued for the amount shown in Column 9, Net Wages paid. Payment must be made by check to each employee.

STATEMENT OF COMPLIANCE

Date: _____

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

do hereby state:

(1) That I pay or supervise to payment of the persons employed by _____ on the _____
(Building or Work) (Contractor of Subcontractor)

that during the payroll period commencing on the _____ date of _____ 20____, and ending the _____ day of _____, 20____, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been 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 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), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract; that the classifications set forth therein for each laborer or mechanic conform with the work her performed.

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

(4) That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
- (c) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION

REMARKS:

NAME & TITLE	SIGNATURE
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The wilful 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.

INSTRUCTIONS FOR PREPARATION OF STATEMENT OF COMPLIANCE

The wage rates issued by the Department of Industrial Relations, State of California, include fringe benefits provisions. The contractor is required to pay fringe benefits as predetermined by the Department of Industrial Relations, in addition to payment of the minimum rates. The contractor's obligation to pay fringe benefits may be met by payment of the fringes to the various plans, funds, or programs or by making these payments to the employees as cash in lieu of fringes.

The contractor should show on the face of his payroll all monies paid to the employees whether as basic rates or as cash in lieu of fringes. The contractor shall represent in the statement of compliance that he is paying to others fringes required by the contract and not paid as cash in lieu of fringes. Detailed instructions follow:

CONTRACTORS WHO PAY ALL REQUIRED FRINGE BENEFITS:

A contractor who pays fringe benefits to approved plans, funds, or programs in amounts not less than we determined in the applicable wage decision shall continue to show on the face of his payroll the basic cash hourly rate and overtime rate paid to his employees, just as he has always done. Such a contractor shall check paragraph (a) of the statement to indicate that he is also paying to approved plans, funds, or programs not less than the amount predetermined as fringe benefits for each draft. Any exception shall be noted in Section 4(c).

CONTRACTORS WHO PAY NO FRINGE BENEFITS:

A contractor who pays no fringe benefits shall pay to the employee and inset in the straight time hourly rate column of his payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the applicable wage decision. Inasmuch as it is not necessary to pay time and a half on cash paid in lieu of fringes, the overtime rate shall not be less than the sum of the basic predetermined rate, plus the half time premium on the basic or regular rate plus the required cash in lieu of fringes at the straight time rate. To simplify computation of overtime, it is suggested that the straight time basic rate and cash in lieu of fringes be separately stated in the hourly rate column, thus \$3.25/.40. In addition, the contractor shall check paragraph 4(b) of the statement to indicate that he is paying fringe benefits in cash directly to his employees. Any exceptions shall be noted in Section 4(c).

USE OF SECTION 4[©] EXCEPTIONS

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination requires is obliged to pay the deficiency directly to the employees as cash in lieu of fringes. Any exceptions to Section 4(a) or 4(b), whichever the contractor may check, shall be entered in Section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid the employees as cash in lieu of fringes, and the hourly amount paid to plans, funds, or programs as fringes.