1.0 Policy

1.1 San Francisco Public Utilities Commission (SFPUC) Policy, in accordance with the San Francisco Administrative Code, Chapter 6, requires the weekly submission of Certified Payroll Records by Contractors on all City and County contracts.

1.2 All Contractors that perform work under contracts that are funded in whole or in part with Federal and/or California State funds shall furnish copies of certified payroll reports to the SFPUC (contracting agent).

1.3 This CM procedure applies to all personnel working on the SFPUC Infrastructure projects during construction to the extent that their work is affected by these CM Procedures and does not conflict with specific SFPUC policies or the Contract under which the Work is executed.

2.0 Description

Where there are Program/Project contract funding sources in addition to the City and County of San Francisco, the Contractor may be required to provide the US Department of Labor, Certified Payroll Report and California Department of Industrial Relations, Certified Payroll Report, if applicable.

The Contractor submittal of the City and County of San Francisco, Certified Payroll Report and compliance requirements are considered the standard requirements for the majority of the SFPUC Infrastructure Projects.

2.1 City and County of San Francisco, Certified Payroll Reporting Requirements

2.1.1 The City and County of San Francisco requires the same information as the standard US Department of Labor WH-347 Form which mandates the inclusion of the following information;
• Project and Contractor/Subcontractor Information – Contractor and Subcontractor company name and address; the project number, project name, project location; the payroll pay period ending date; and the payroll number.

• Employee Information – the name, address, and social security number of each employee who worked on the project for the week being reported.

• Withholding Exemptions – the number of Federal Withholding exemptions claimed by the employee.

• Employee Work Classification – each employee must be classified in accordance with the type of work he/she performs on the project.

• Hours Worked: Day and Date – report the number of hours worked each day for each employee, designating the number of straight/regular time hours as well as the overtime hours, as mandated by the Contract Work and Safety Standards Act: 29 CFR, Part 5.

• Total Hours – report the total hours worked by the employee on the specific project.

• Rate of Pay/Cash Fringe - (a) payment of Fringe Benefits in Cash to employee and (b) payment of all required Fringe Benefits to a Union.

• Gross Amount Earned – gross amount earned for work.

• Deductions – all deductions must be in accordance with the provisions of the Copeland Act Regulations: 29 CFR, Part 3.

2.1.2 An example of the City and County of San Francisco (CCSF) Certified Payroll Form is presented on Attachment 045-3.

2.1.3 An example of the City and County of San Francisco Certified Compliance Form is presented on Attachment 045-4.

2.2 California Department of Industrial Relations Requirements

2.2.1 Contractors and subcontractors are required to be registered with the California Department of Industrial Relations (DIR).

2.2.2 The SFPUC Workforce & Economic Program Services Bureau (WEPSB) transmits a link to the PM after award to register the project. DIR transmits the Project ID to WEPSB who in turn transmit the ID to the PM.

2.2.3 The RE provides the DIR Project ID to the Contractor.
2.3 **California Department of Industrial Relations, Certified Payroll Reporting Requirements – Where Applicable**

2.3.1 The state certified payroll reporting requirements are presented in the California Department of Industrial Relations, Public Works Payroll Reporting Form A-1-131 and accompanying Certified Compliance Form, refer to Attachments 045-3 and 045–4.

2.3.2 The basic information required for the California and Federal Certified Payroll Reports are the same. However, the California Certified Payroll Report Form A-1-131 requires the following additional information:

- Contractor’s License Number
- Specialty License Number
- Self-Insured Certificate Number
- Workers Compensation Policy Number
- Employee Payroll Check Number

2.4 **US Department of Labor, Certified Payroll Reporting Requirements – Where Applicable**

2.4.1 The standard US Department of Labor WH-347 Form mandates the inclusion of the same information as item 2.3.1.

2.4.2 An example of the US Department of Labor Form HW-347 is presented on Attachment 045-5. The use of the WH-347 Payroll Form is not mandatory.

3.0 **Definitions**

3.1 **California Department of Industrial Relations, Labor Code Section 1776**

In accordance with California Department of Industrial Relations, Labor Section 1776, Subdivision (b), Paragraph (2) of the Labor Code, the Contractor shall submit a weekly certified Payroll Report. The requirements of the California Labor Code are incorporated in Technical Specification Section 00 72 00, Article 11 Labor Standards.

3.2 **Certified Payroll Report**

All Contractors that perform work under contracts that are funded in whole or in part with Federal and/or State funds shall furnish copies of certified payroll reports to the contracting agency. The certified payroll report submittals to the City & County of San Francisco contracting agent are mandatory regardless of funding source.

3.2.1 The Certified Payroll Report is used for;
• Verification of labor rates related to Change Orders
• Verification of days and work hours for particular employees on Force Account Change Orders
• Verification of prevailing wages paid.

3.3 **US Department of Labor Requirements for Davis-Bacon Act (Certified Payroll Report)**

The Prevailing Wages or Prevailing Wage Rate Requirements for Federal and Federally-Assisted Construction projects are governed at the Federal level by the Davis-Bacon Act. The Davis-Bacon Act requires the submission of weekly certified payroll reports, beginning the week of project construction work, and for every week thereafter, until work completion.

3.3.1 The most common certified payroll forms to use are the US Department of Labor Form WH-347-Payroll Certification (Attachment 045-5).

3.4 **Construction Management Information System (CMIS)**

The CMIS is an on-line management tool for the processing of contract documents based on established construction management business processes. It serves as a tool for effective storage and retrieval of various documents generated during a construction project. Processing of Application for Payment will utilize the CMIS. The CMIS is designed for Contractor’s submittal and RE’s response to be entered directly into the system.

3.4.1 Only the status of the Certified Payroll Report is entered into CMIS. The hardcopies of Certified Payroll Report and Compliance Certification are submitted to the RE. These documents are not entered into CMIS.

3.5 **Electronic Compliance Forms Submittal**

The electronic compliance forms submitted to the SFPUC uses the LCP Tracker software to provide specific web based solutions to address labor compliance reporting, monitoring, and enforcement of Davis-Bacon Act labor compliance requirements.

3.5.1 This LCP Tracker is referred to as the Project Reporting System (PRS) in Specification Section 00 72 00 - Article 9.03.M.1 and in SFPUC Infrastructure CM Procedure No. 010 – Application for Payment, Section 5.4.3.

3.5.2 Examples of on-line HRC Forms refer to attachments 045-1 and 045-2.
3.6 **SFPUC On-Line Invoicing System (SOLIS)**

The SFPUC On-Line Invoicing System is a department-wide electronic invoicing system that permits the vendor or contractor to input an invoice directly into the Contracts Administration Bureau (CAB) and Accounting Services Department invoice processing system.

3.7 **Contract Work Hours and Safety Standards Act (CWHSSA)**

29 CFR Part 5, CWHSSA applies to Contractors and Subcontractors working on federally funded or assisted construction contracts over $100,000 and extends to construction contracts subject to Davis-Bacon Act.

4.0 **Responsibilities**

4.1 **Resident Engineer (RE)**

The RE with support of the OE and FCA verifies and approves the accuracy of the Applications for Payments by the Contractor.

4.2 **Office Engineer (OE)**

The OE performs the quality assurance review of the Application for Payment submittals which includes the Certified Payroll Reports.

4.3 **Field Contracts Administrator (FCA)**

The FCA is responsible for maintaining an Application for Payment file and assisting the RE in reviewing the pay request for conformance to the Contract requirements. The submittal review includes sufficiency of the Certified Payroll Reports.

4.3.1 For smaller projects, as agreed in the approved CM Work Plan, the OE or other project CM team member designated by the RE can perform the role of the FCA.

4.4 **Contracts Administration Bureau (CAB)**

The SFPUC CAB provides a central service that ensures consistent contracting processes and procedures for all phases of the construction, professional services, emergency and informal contracting process. CAB processes all progress payments and expedites payments with the SFPUC Finance’s Accounting Group and with the Controller's Office.

4.5 **Contractor**

The Contractor is responsible for performing and completing the work in accordance with the Contract Documents. The Contractor is required to pay prevailing wages in accordance with Federal, State and San Francisco codes and regulations. The Contractor submits the Certified Payroll Reports to satisfy, one of the required applications for payment documents, refer to SFPUC Infrastructure CM Procedure No. 010.
5.0 Implementation

5.1 Certified Payroll Report Preparation and Submittal

5.1.1 Application for Payment Submittal by Construction Contractor.

5.1.2 Required Information: The Contractor shall furnish the required information as stated in Section 2.0 based on contract funding sources and regulations.

5.1.3 Payroll Records Retention: The Contractor is required to keep a complete set of their own Certified Payroll Reports and other basic records for a minimum of three (3) years after the project is completed.

5.2 Office Engineer’s Review

The OE reviews the Application for Payment (along with the Certified Payroll Report) documents for conformance with the Contract requirements. If the submittal documents are sufficient, then the Contractor is notified to proceed.

5.2.1 If the documents are not in compliance, then the OE notifies the RE and coordinates the corrective action with the Contractor.

5.3 Contractor

The Contractor enters the Application for Payment information into the CMIS.

5.4 Field Contracts Administrator’s Review

5.4.1 The FCA reviews the Certified Payroll Report and Certified Compliance Form for contract sufficiency.

5.4.2 The FCA performs contractual adjustments for Application for Payment including retention of funds and credits.

5.5 RE’s Approval

The RE reviews, approves and forwards the Application for Payment.

5.6 Application for Payment Process (Continuation)

Refer to SFPUC Infrastructure CM Procedure No. 010, Application for Payment, to process request.
6.0 **Other Procedural Requirements**

SFPUC Infrastructure CM Procedure No. 010, Applications for Payment

7.0 **References**

7.1 **Technical Specifications**

Section 00 72 00 General Conditions; Section 13.06, Wages and Payrolls

7.2 **SFPUC Infrastructure CM Procedures**

No. 010 Applications for Payment

7.3 **Others**

California Department of Industrial Relations, Labor Section 1776

Contract Work Hours and Safety Standards Act, 29 CFR, Part 5

Copeland Act Regulations, 29 CFR, Part 3

8.0 **Attachments**

045 – 1 City and County of San Francisco Form 9: HRC Payment Affidavit (Information Mandatory)

045 – 2 City and County of San Francisco Form 8: HRC Exit Report and Affidavit (Information Mandatory)

045 – 3 California Department of Industrial Relations, Public Works Payroll Reporting Form A-1-131 (Information Only)

045 – 4 California Department of Industrial Relations, Public Works Payroll Reporting Certified Compliance Form (Information Only)

045 – 5 US Department of Labor Form WH-347 (Information Only)

045 – 6 Revision Control Log
FORM 9: HRC PAYMENT AFFIDAVIT

Consultant or Joint Venture partners must submit this form to the Contract Awarding Authority and HRC within ten (10) working days following receipt of each progress payment from the Contract Awarding Authority. This form must be submitted EVEN if there is no sub payment of this reporting period and until completion of the contract.

☐ Check box and sign below if there is no sub payment for this reporting period.

TO:  Project Manager/Designee  COPY TO:  HRC Contract Compliance Officer
Firm:  ___________________________  Date:  _______________
_______________________________________________________________________________________________________________

List the following information for each progress payment received from the Contract Awarding Authority. Use additional sheets to include complete payment information for all subconsultants and vendors (including lower tiers utilized on this Contract). Failure to submit all required information may lead to partial withholding of progress payment.

Contract Number:  _______________________________________________  Contract Name:  _______________________________
Contract Awarding Department:  _____________________________________________________________________________________
Progress Payment No.:  ____________________________________  Period Ending:  _________________________________________
Amount Received:  $_________________  Date:  _______________  Warrant/Check No.:  _____________________

<table>
<thead>
<tr>
<th>Subconsultant/Vendor Name</th>
<th>Business Address</th>
<th>Amount Paid</th>
<th>Payment Date</th>
<th>Check Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I/We declare, under penalty of perjury under the laws of the State of California that the above information is complete, that the tabulated amounts paid to date are accurate and correct.

Prime consultant, including each joint venture partner, must sign this form (use additional sheets if necessary)

Owner/Authorized Representative (Signature)  Owner/Authorized Representative (Signature)
Name (Print)  Title  Name (Print)  Title
Firm Name  Firm Name
Telephone Number  Date  Telephone Number  Date
FORM 8: HRC EXIT REPORT AND AFFIDAVIT

Prime Consultant must complete and sign this form (Sections 1 and 3) for each LBE subconsultant (incl. lower tier LBE subconsultants) and supplier. LBE subconsultants must complete and sign Section 2 of this form. These forms should be submitted to the Contract Awarding Authority with the final progress payment request.

Transmittal

TO: Project Manager/Designee
FROM (Consultant): ________________________________
Date Transmitted: ____________________
COPY: __HRC Contract Compliance Officer______

SECTION 1.

| Reporting Date: _________________________ | Contract Name: ________________________________________________ |
| Name of LBE: ___________________________ | Portion of Work (Trade): ________________________________ |
| Original LBE Contract Amount: $ __________ | Change Orders, Amendments, Modifications $ __________ |
| Final LBE Contract Amount: $ __________ | Amount of Progress Payments Paid to Date: $ __________ |
| Amount further subbed out to non LBE firms: $ __________ | Amount Owing including all Change Orders, Amendments and Modifications: $ __________ |

SECTION 2.

To be signed by the LBE Subconsultant or Vendor:

☐ I agree ☐ I disagree

Explanation by LBE if it is in disagreement with the above explanation, or with the information on this form:

__________________________ ________________________________
Owner/Authorized Representative (Signature) Name and Title (Print)

Firm Name Telephone Number Date

SECTION 3.

I declare, under penalty of perjury under the laws of the State of California, that the information contained in Section 1 of this form is complete, that the tabulated amounts paid to date are accurate and correct, and that the tabulated amounts owing will be paid within three (3) days after the date of the City’s final payment under the Contract.

__________________________
Owner/Authorized Representative (Signature)

__________________________
Name and Title (Print)

Firm Name
**California Department of Industrial Relations, Public Works Payroll Reporting**

**Form A-1-131 (Information Only)**

*DiR*

**PUBLIC WORKS PAYROLL REPORTING FORM**

<table>
<thead>
<tr>
<th>NAME OF CONTRACTOR</th>
<th>CONTRACTORS LICENSE #</th>
<th>DATE OF ISSUANCE</th>
<th>DATE OF EXPIRATION</th>
<th>PROJECT OR LOCATION</th>
<th>DESCRIPTION</th>
<th>HOURS WORKED</th>
<th>GROSS AMOUNT EARNED</th>
<th>NET PAYMENT</th>
<th>FED. TAX</th>
<th>ST. TAX</th>
<th>CITY/STATE/ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Table continues with similar columns.*
attachment 045 – 3
California Department of Industrial Relations, Public Works Payroll Reporting
Form A-1-131 (Information Only)

Date: 05/13/2006

I, Nancy Smyth, QCA, do hereby state:

1. That I pay or supervise the payment of the persons employed by [Company Name] on the Customer One CPS Field Project [CPS St. Proj] that during the payroll period commencing on the 28th day of December, 2003, and ending the 23rd day of January, 2004, all persons employed on said project have been paid the full weekly wages earned, that no notices have been or will be made either directly or indirectly to or on behalf of said [Company Name] from the full weekly 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. 946, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c), and described below.

(The following deduction explanation is pre-programmed in CPS; however, you can easily change it to meet specific needs of your company.) Deductions are based on gross wages and include but are not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Unemployment, Child Support or Other Garnishments. Explanations for deductions listed in the "Other" column are described on the Certified Payroll Report.

2. That any payroll other than the required payrolls, 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 into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he 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

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exception 1</td>
<td>Explanation 1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REMARKS:

CPS allows you to enter exceptions and remarks that are specific to each individual job.

NAME AND TITLE   SIGNATURE
Nancy Smyth, QCA

THE WILFUL FRAUDULOUS OR MAKING 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 251 OF TITLE 31 OF THE UNITED STATES CODE.
<table>
<thead>
<tr>
<th>Name of Contractor</th>
<th>Work Classification</th>
<th>PAYROLL NUMBER</th>
<th>PERIOD OF PAY</th>
<th>SERVICES Rendered</th>
<th>TOTAL HOURS</th>
<th>WAGE RATES PAID PER WEEK</th>
<th>WAGE RATES PAID PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Labor</td>
<td>123456</td>
<td>01/01/2023</td>
<td>_blend_1</td>
<td>100</td>
<td>$20.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Jane Smith</td>
<td>Trades</td>
<td>789456</td>
<td>02/02/2023</td>
<td>_blend_2</td>
<td>150</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

**TOTAL**
- Total Hours: 250
- Total Wages: $7500

*Note: Total wages calculated by multiplying total hours by wage rates.*
STATEMENT OF COMPLIANCE – CERTIFICATION UNDER PENALTY OF PERJURY

Date: 05/13/2006

I, Nancy Smyth, CQA, Bookkeeper, do hereby certify under penalty of perjury:

(1) That I pay or supervise the payment of the persons employed by California Company on the Customer One CPS Fed Proj CPS ST Proj; that during the payroll period commencing on the 28 day of December, 2003, and ending the 03 day of January, 2004, 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 California Company for the full
weekly 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. 109, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(The following standard deduction explanation is pre- programmed into
CPS and will appear on each form however, you can easily change it to
better suit the needs of your company.) Deductions are based on
gross wages and include but are not limited to: Federal Withholding,
FICA, Medicare, State Withholding, State Disability Insurance, Union
Deductions, Child Support or Other Garnishments. Explanations for
deductions listed in the “Other” Column are described on the Certified
Payroll Report.

(2) That any payroll 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 into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he 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 FRENCH 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 FRENCH 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

( c ) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exception 1</td>
<td>Explanation 1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REMARKS:

CPS allows you to add exceptions and remarks that are specific to this particular job.

NAME AND TITLE:
Nancy Smyth, CQA, Bookkeeper

SIGNATURE:

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 233 OF TITLE 31 OF THE UNITED STATES
CODE.
<table>
<thead>
<tr>
<th>PAYROLL NO.</th>
<th>FOR WEEK ENDED</th>
<th>PROJECT AND LOCATION</th>
<th>PROJECT OR CONTRACT NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAYROLL**

*For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm)*

<table>
<thead>
<tr>
<th>NAME AND INDIVIDUAL IDENTIFYING NUMBER</th>
<th>WORK CLASSIFICATION</th>
<th>TOTAL HOURLY RATE OF PAY</th>
<th>GROSS PAYMENT EARNED</th>
<th>BRUT PAY</th>
<th>FICA</th>
<th>STATE</th>
<th>OTHER</th>
<th>TOTAL DEDUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**US Department of Labor Form WH-347 (Information Only)**

This completion of Form WH-347 is optional, for use only by a covered employer, in connection with payroll deductions or payments made by a covered contractor in accordance with the information collection requirements (29 CFR Part 40-41.3). The contractor is hereby advised that he is responsible for certifying whether or not each of his employees is a covered contractor in the construction industry and that the information provided on this form is true, complete, and correct to the best of his knowledge. The contractor is also advised that any false or misleading certification, or any refusal to provide information required by this form, may result in the imposition of further penalties.

**Public Notice Statement:**

This form is not intended to collect the following information: the idenity of the individual, the amount of wages paid, or any other information that may be considered a protected health information. If you have any questions regarding these observations or any other aspect of this form, including suggestions for reducing the burden, contact the Office of the Assistant Secretary for Management, Wage Hour Division, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
Date: __________________________

(print name) __________________________

(Signature)

I, the undersigned, do hereby state:

(1) That I pay or supervise the payment of the person employed by __________________________ on the __________________________ day during the pay period beginning on the __________________________ day of __________________________, and ending the __________________________ day of __________________________, and that no rebate has been or will be made either directly or indirectly to or on behalf of said __________________________.

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

(3) That any apprentices employed in the above period are only 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.

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 hourly wage rate plus the amount of the fringe benefits as listed in the contract, except as exists in section 4(b) below.

<table>
<thead>
<tr>
<th>EXCEPTION</th>
<th>CHART</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPLANATION</td>
<td></td>
</tr>
</tbody>
</table>

REMARKS:

NAME AND TITLE: __________________________

SIGNATURE: __________________________

The failure to submit any of the above information may subject the contractor or subcontractor to civil or criminal prosecution under section 1817 of Title 29 and section 201 of Title 31, United States Code.
### Attachment 045 - 6

#### Revision Control Log

<table>
<thead>
<tr>
<th>Revision No.</th>
<th>Revision Date</th>
<th>What changed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rev 1</td>
<td>6/7/19</td>
<td>• Minor format changes;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Attachments revised;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Revision Control Log updated.</td>
</tr>
<tr>
<td>Rev 0</td>
<td>11/14/16</td>
<td>Signed</td>
</tr>
</tbody>
</table>