1.0 Policy

1.1 San Francisco Public Utilities Commission (SFPUC) Policy 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 procedure applies to all personnel working on the Water System Improvement Program (WSIP) to the extent that their work is affected by these WSIP Construction Management (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 consider the standard requirements for the majority of the WSIP 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 035-2.

2.1.3 An example of the City and County of San Francisco Certified Compliance Form is presented on Attachment 035-3.

2.2 **California Department of Industrial Relations, Certified Payroll Reporting Requirements** – Where Applicable

2.2.1 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 035-4 and 035-5.
2.2.2 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:

- Contractors License Number
- Specialty License Number
- Self-Insured Certificate Number
- Workers Compensation Policy Number
- Employee Payroll Check Number

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

2.3.1 The standard US Department of Labor WH-347 Form mandates the inclusion of the same information as item 2.2.1.

2.3.2 An example of the US Department of Labor Form HW-347 is presented on Attachment 035-6. The use of the WH-347 Payroll Form is not mandatory

2.3.3 An example of the US Department of Labor Certified Compliance Form WH-348 is presented on Attachment 035-7.

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 0700, 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 035-6) and Form WH-348-Statement of Compliance (Attachment 035-7).

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

The WSIP 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 WSIP CMIS. The CMIS is designed for Contractor entry and Project Construction Manager (Project CM) response 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 Project CM. These documents are not entered into CMIS.

3.5 **Electronic Compliance Forms Submittal**

The electronic compliance forms submitted to the SFPUC uses the Elation Systems 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 Elation Systems is referred to as the Project Reporting System (PRS) in General Conditions 00700 Article 9.03.M.1 and in WSIP CM Procedure No. 010 - Application for Payment, Section 5.4.3.

3.5.2 Examples of on-line HRC Forms refer to attachments 035-2, 035-3, and 035-4.
3.6 **SFPUC On-Line Invoicing System (SOLIS) – Pending Future**

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.

SOLIS is planned for future use.

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 **Project Construction Manager (Project CM)**

The Project CM with support of the Office Engineer (OE) and Field Contracts Administrator (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 Project CM 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 Project CM 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 CM Procedure No. 010.

5.0 **Implementation**

5.1 **Certified Payroll Report Preparation and Submittal**

5.1.1 Application for Payment Submittal by Contract Contractor.

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

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 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 Project CM 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 **Project CM's Approval**

The Project CM reviews, approves and forwards the Application for Payment.

5.6 **Application for Payment Process (Continuation)**

Refer to CM Procedure No. 010, Application for Payment, to process request.

6.0 **Other Procedural Requirements**

CM Procedure No. 010, Applications for Payment

7.0 **References**

Technical Specification No. 0700, General Conditions; Section 13.06, Wages and Payrolls

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**

035 – 1 Certified Payroll Reports Preparation and Submittal Process Flow Chart

035 – 2 City and County of San Francisco Form 7: HRC Progress Payment Form (Information Mandatory)

035 – 3 City and County of San Francisco Form 9: HRC Payment Affidavit (Information Mandatory)

035 – 4 City and County of San Francisco Form 8: HRC Exit Report and Affidavit (Information Mandatory)

035 – 5 California Department of Industrial Relations, Public Works Payroll Reporting Form A-1-131 (Information Only)

035 – 6 California Department of Industrial Relations, Public Works Payroll Reporting Certified Compliance Form (Information Only)

035 – 7 US Department of Labor Form WH-347 (Information Only)
CERTIFIED PAYROLL REPORTS PREPARATION AND SUBMITTAL PROCESS
FLOW CHART

Contractor submits payment package including Certified Payroll Report.

Office Engineer performs QA review on submittal payment package.

No

approve ?

Yes

Contractor enters Application for Payment information into CMIS

Field Contracts Administrator reviews documents for approval

No

approve ?

Yes

Project CM reviews CMIS documents for approval

No

approve ?

Yes

Documents sent to Contracts Administration Bureau for processing and approvals. Refer to CM Procedure No. 010 for details.

WSIP Construction Management Procedure No. 035, Rev. 0, Page 8 of 20
FORM 7: HRC PROGRESS PAYMENT FORM

To be completed by Consultant and submitted to the Contract Awarding Authority and HRC with its monthly progress payment application (transmit to the following):

TRANSMITTAL

TO: Project Manager/Designee
Firm:
Date:

COPY TO: HRC Contract Compliance Officer
Date:

SECTION 1. Fill in all the blanks

Contract Number: ____________________________
Contract Name: ____________________________

Reporting Period From: ____________________________
To: ____________________________
Progress Payment No: ____________________________

The information submitted on Sections 1 and 2 of this form must be cumulative for the entire contract as opposed to individual task orders. Additionally, the information submitted on Sections 1 and 2 of this form must be accurate for the progress payment period immediately preceding that of the current payment application attached herewith.

1. Amount of Prime Contract: $__________________________
2. Amount of Amendments and Modifications to Date: $__________________________
3. Total Contract to Date including Amendments and Modifications (Line 1 + Line 2): $__________________________
4. Sub-total Amount Invoiced this submittal period: Professional Fees $__________________________
5. Sub-total Amount Invoiced this submittal period: Reimbursable Expenses $__________________________
6. Total Amount Invoiced this submittal period (Line 4 + Line 5): $__________________________
7. Total Amount Paid to Date including Retainage Received: $__________________________
8. Amount of Progress Payments Requested to Date: $__________________________
9. Percent Completed (Line 8 / Line 3): %__________________________

Consultant, including each joint venture partner, must sign this form.

__________________________________________  __________________________________________
Owner/Authorized Representative (Signature)  Owner/Authorized Representative (Signature)
__________________________________________  __________________________________________
Name (Print)  Name (Print)
__________________________________________  __________________________________________
Title (Print)  Title (Print)
__________________________________________  __________________________________________
Firm Name  Firm Name
__________________________________________  __________________________________________
Telephone   Fax  Telephone   Fax
Date  Date

WSIP Construction Management Procedure No. 035, Rev. 0, Page 9 of 20
SECTION 2. For column "A," list the Prime Consultant, each joint venture partner and ALL subconsultants and vendors including 2nd and 3rd tier subconsultants. Make copies if more space is needed. Attach copies of all invoices from subconsultants supporting the information tabulated on this form and Consultant's invoice and Contract Payment Authorization for the immediately preceding progress payment period.

Notes: 1) ALL firms must be CONTINUOUSLY listed on column "A" regardless if a firm is not requesting payment and
2) Failure to submit all required information may lead to partial withholding of progress or final payment.

Identify LBE Goal of this contract: %

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
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<tr>
<td></td>
<td>Service Performed</td>
<td>Amount of Contract or Purchase Order at time of Award</td>
<td>Amount of Modifications to Date</td>
<td>Total Amount of Contract or Purchase Order to Date +/− Modifications (C + D) or (C − D)</td>
<td>Amount Involved in Reporting Period</td>
<td>Amount of Progress Payments received and invoiced to date, including amount invoiced this reporting period (F)</td>
<td>Percent Complete to Date (G/E)</td>
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<tr>
<td>LBE Sub-Totals</td>
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<td>Professional Fees</td>
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<td>Reimbursable Expenses</td>
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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.

<table>
<thead>
<tr>
<th>Contract Number:</th>
<th>Contract Name:</th>
</tr>
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Contract Awarding Department: ____________________________  Period Ending: ____________________________

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<thead>
<tr>
<th>Progress Payment No.:</th>
<th>Amount Received:</th>
<th>Date:</th>
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<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>
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<tbody>
<tr>
<td></td>
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<td>$_________</td>
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</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)

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Title</th>
<th>Name (Print)</th>
<th>Title</th>
</tr>
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<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Firm Name  Firm Name

Telephone  Telephone

Date  Date
FORM 8: HRC EXIT REPORT AND AFFIVADIT

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  COPY: HRC Contract Compliance Officer

FROM (Consultant): Date Transmitted:

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 $

Explanation by Consultant if the final contract amount for this LBE is less than the original contract amount:

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 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

Telephone Date
# PUBLIC WORKS PAYROLL REPORTING FORM

<table>
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<tr>
<th>Name of Contractor</th>
<th>California Company</th>
<th>Contractor's License #</th>
<th>CPS-Contractor License</th>
<th>CPS-Specialty License</th>
<th>Address</th>
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</thead>
<tbody>
<tr>
<td>John J Equipment</td>
<td>Newport, CA 92665</td>
<td>02345</td>
<td>M-4</td>
<td>02345</td>
<td>PD Box 111 S 0 0 0 0</td>
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### Payroll Number

<table>
<thead>
<tr>
<th>Name of Employee</th>
<th>Social Security Number</th>
<th>Monthly Rate of Pay</th>
<th>Hours Worked Each Day</th>
<th>Gross Amount Earned</th>
<th>Deductions, Contributions and Payments</th>
<th>Net Wages Paid for Week</th>
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<tbody>
<tr>
<td>Amy L. Apprentice</td>
<td>N2349123456</td>
<td>$240.00</td>
<td>16</td>
<td>$1,170.00</td>
<td>TRAINING (FICA, ST-TAX, SCH, VAC/REL, PENSION)</td>
<td>$1,121.66</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>John J Equipment</td>
<td>Driver</td>
<td>$2,600.00</td>
<td>20</td>
<td>$509.00</td>
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</tr>
</tbody>
</table>

**Notes:**
- Other deductions, contributions and/or payments whether or not included or required by prevailing wage determinations must be separately listed. Use extra sheet if necessary.
- Certification must be completed (see back)
Date: 05/13/2006

I, Nancy Smyth, CQA do hereby state:

(1) That I pay or supervise the payment of the persons employed by Your Company Name 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 Your 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. 948, 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, 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 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.

(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 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.

(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

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

REMARKS:

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

NAME AND TITLE  
Nancy Smyth, CQA  
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 231 OF TITLE 31 OF THE UNITED STATES CODE.
<table>
<thead>
<tr>
<th>NAME OF CONTRACTOR OR SUBCONTRACTOR</th>
<th>PAYROLL NUMBER</th>
<th>PROJECT OR CONTRACT #</th>
<th>ADDRESS</th>
<th>NUMBER OF WORKING CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tammi T Trucker</td>
<td>0</td>
<td></td>
<td>West Charleston, CA</td>
<td></td>
</tr>
<tr>
<td>Sam L Supervisor</td>
<td>0</td>
<td></td>
<td>PD Box 798 S</td>
<td></td>
</tr>
<tr>
<td>Mark L. Mason</td>
<td>100</td>
<td></td>
<td>Derby, CA</td>
<td></td>
</tr>
<tr>
<td>Sam L Supervisor</td>
<td>0</td>
<td></td>
<td>PD Box 798 S</td>
<td></td>
</tr>
<tr>
<td>Mark L. Mason</td>
<td>100</td>
<td></td>
<td>Derby, CA</td>
<td></td>
</tr>
<tr>
<td>San L. Supervisor</td>
<td>0</td>
<td></td>
<td>177 Main Street S</td>
<td></td>
</tr>
<tr>
<td>Texas P. Trucker</td>
<td>0</td>
<td></td>
<td>077-00-6698 0</td>
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</table>

<table>
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<th>PAYROLL NUMBER</th>
<th>PROJECT OR CONTRACT #</th>
<th>ADDRESS</th>
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<tr>
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<td>077-00-6698 0</td>
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Audit Friendly

- S = Straight time
- O = Overtime
- * OTHER - Any other deductions, contributions and/or payments whether or not included or required by prevailing conditions.
# PAYROLL

(For Contractor's Optional Use: See Instructions, Form WH-347 Inst.)

<table>
<thead>
<tr>
<th>NAME OF CONTRACTOR</th>
<th>ADDRESS</th>
<th>PAYROLL No.</th>
<th>FOR WEEK ENDING</th>
<th>PROJECT AND LOCATION</th>
<th>PROJECT/CONTRACT NO.</th>
<th>CPS Fed Proj</th>
<th>CPS St Proj</th>
<th>Other</th>
<th>TOTAL DEDUCTIONS PAID FOR WEEK</th>
<th>NET WAGES PAID FOR EMPLOYEE</th>
<th>CLASSIFICATION</th>
<th>HOURS WORKED EACH DAY</th>
<th>HOURS FRINGES</th>
<th>TOTAL PAY/CASH</th>
</tr>
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<tbody>
<tr>
<td>Apprentice, Amy L</td>
<td>1224 Some Street, 003-21-0020</td>
<td>OT</td>
<td>12/28 12/29 12/30 12/31</td>
<td>$120.00</td>
<td>$120.00</td>
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<td>8</td>
<td>8</td>
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<td>$160.00</td>
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<td>$7.50</td>
<td>$165.00</td>
</tr>
<tr>
<td>Equipment, John J</td>
<td>PO Box 111, Newport, CA 02345</td>
<td>OT</td>
<td>12/28 12/29 12/30 12/31</td>
<td>$240.00</td>
<td>$240.00</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>$480.00</td>
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<td>12/28 12/29 12/30 12/31</td>
<td>$240.00</td>
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<td>$165.00</td>
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<tr>
<td>Laborer, Laura B</td>
<td>PO Box 798, West Charleston, CA 02345</td>
<td>OT</td>
<td>12/28 12/29 12/30 12/31</td>
<td>$120.00</td>
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<td>8</td>
<td>8</td>
<td>8</td>
<td>$480.00</td>
<td>$480.00</td>
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<td>$7.50</td>
<td>$165.00</td>
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<tr>
<td>Laborer, Semi-Skilled</td>
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<td>$480.00</td>
<td>$480.00</td>
<td>16</td>
<td>$7.50</td>
<td>$165.00</td>
</tr>
<tr>
<td>Supervisor, Sam L</td>
<td>177 Main Street, West Charleston, CA 02345</td>
<td>OT</td>
<td>12/28 12/29 12/30 12/31</td>
<td>$1,170.00</td>
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<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>$4,680.00</td>
<td>$4,680.00</td>
<td>32</td>
<td>$150.00</td>
<td>$2,880.00</td>
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<td>Truck Driver</td>
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<td>$4,000.00</td>
<td>32</td>
<td>$150.00</td>
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</tr>
</tbody>
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**OTHER DEDUCTIONS KEY CODING:**

- #1 Child Support
- #2 Union Dues
- #3 Medical
- #4 Garnishments
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 28th day of December, 2003, and ending the 03rd 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 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. 948, 63 Stat. 108, 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 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 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 amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(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>
</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 231 OF TITLE 31 OF THE UNITED STATES CODE.
### Payroll Weekly Wage Statement

**Name of Contractor/Subcontractor:**

**Address:**

**Payroll No.**

**For Week Ending**

**Project and Location**

**Project or Contract No.**

<table>
<thead>
<tr>
<th>NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER)</th>
<th>WORK CLASSIFICATION</th>
<th>TOTAL HOURS</th>
<th>RATE OF PAY</th>
<th>GROSS AMOUNT EARNED</th>
<th>WITHHOLDING TAX</th>
<th>DEDUCTIONS</th>
<th>NET WAGES PAID FOR WEEK</th>
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**Public Burden Statement:**

It is estimated that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, SSA, U.S. Department of Labor, Room S5502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
I, ____________________________, (Name of Signatory Party) ____________________________, (Title) do hereby state:

(a) 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.

(b) 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 each employee, except as noted in section 4(d) below.

(c) EXCEPTIONS

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REMARKS:

NAME AND TITLE: ____________________________
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 10 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.