

S = STRAIGHT TIME

SDI = STATE DISABILITY INSURANCE

O = OVERTIME

PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR: CONTRACTOR'S LICENSE NO .: ADDRESS: OR SUBCONTRACTOR: SPECIALITY LICENSE NO .: FOR WEEK ENDING: SELF-INSURED CERTIFICATE NO .: PROJECT OR CONTRACT NO .: PAYROLL NO .: (4) (5) DAY (6) WORKERS' COMPENSATION POLICY NO .: PROJECT AND LOCATION: (9) (2) М Т W TH S S (1) (3) F (7) (8) HOURLY DATE NO. OF WITH-HOLDING EXEMPTIONS NAME, ADDRESS AND WORK TOTAL RATE GROSS AMOUNT NET WGS CHECK SOCIAL SECURITY NUMBER CLASSIFICATION HOURS OF PAY DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS EARNED PAID FOR NO. OF EMPLOYEE WEEK HOURS WORKED EACH DAY FED. THIS ALL FICA STATE VAC/ HEALTH PENSION SDI TAX (SOC. SEC.) TAX HOLIDAY & WELF. PROJECT PROJECTS S TRAV/ TOTAL TRAING. FUND DUES SAVINGS **OTHER*** DEDUC-SUBS. ADMIN TIONS 0 THIS ALL FED. FICA STATE VAC/ HEALTH SDI PENSION TAX (SOC. SEC.) TAX HOLIDAY & WELF. PROJECT PROJECTS S TRAV/ TOTAL SAVINGS TRAING. DUES OTHER* FUND SUBS. DEDUC-ADMIN TIONS 0 STATE HEALTH THIS ALL FED. FICA VAC/ SDI PENSION TAX (SOC. SEC.) HOLIDAY & WELF. TAX PROJECT PROJECTS S TOTAL TRAV/ **OTHER*** TRAING. FUND DUES SAVINGS DEDUC-SUBS. ADMIN TIONS 0 FED. THIS ALL FICA STATE VAC/ HEALTH SDI PENSION TAX (SOC. SEC.) TAX HOLIDAY & WELF. PROJECT PROJECTS S TRAV/ TOTAL TRAING. FUND DUES SAVINGS **OTHER*** SUBS. DEDUC-ADMIN TIONS 0

____ of ____

Page

NOTICE TO PUBLIC ENTITY

For Privacy Considerations

Fold back along dotted line prior to copying for release to general public (private persons).
(Paper Size then 8-1/2 x 11 inches)
I,, the undersigned, am the (Name – print)
(Name – print)
with the authority to act for and on behalf of (Position in business)
(Position in business)
, certify under penalty of perjury
(Name of business and/or contractor)
that the records or copies thereof submitted and consisting of(Description, number of pages)
(Description, number of pages)
are the originals or true, full, and correct copies of the originals which depict the payroll record(s)
of the actual disbursements by way of cash, check, or whatever form to the individual or
individuals named.
Date: Signature:

A public entity may require a stricter and/or more extensive form of certification.