

**PUBLIC WORKS PAYROLL REPORTING FORM**

Contractor's License No:  
Specialty License No.:

Address: P.O. BOX 217  
1234 MAIN STREET  
CLAYTON, NC 27528

Name of Contractor  SubContractor  
PEM CONSTRUCTION COMPANY

Self Insured Certificate No.:

PROJECT OR CONTRACT NO.  
# 998978

PROJECT AND LOCATION  
03129  
777 WEST PUTNAM AVENUE  
CHICAGO, IL 66572

Workers' Compensation Policy No.:

PAYROLL NO. 13 FOR WEEK ENDING 8/27/2007

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) PEM S T O	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) Total Hours	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS / COMPENSATIONS						(9) NET WAGES PAID FOR WEEK	
			TUE	WED	THU	FRI	SAT	SUN	MON				ThisProject	AllProjects	Fed	Fica	State	SDI		Vac/Hol
			8/21	8/22	8/23	8/24	8/25	8/26	8/27											
DAVID ANDERSON 434 ELMWOOD DRIVE WINDSOR LOCKS, CT 06096	2	DRYWALL	S	8.00	8.00	8.00	8.00				32.00	10.00	ThisProject 320.00	Fed 13.82	Fica 24.48	State 1.34	SDI 0.01	Vac/Hol 7.00	Net Wages 196.35	
			O										AllProjects 320.00	HlthWel 5.00	Pensn 6.00	Training 8.00	FndAd 13.00	Dues 14.00	Check No.	
			D											TrvSub 15.00	Savings 16.00	Other*	Tot Deducts 123.65			
			T																	
JOHN BEAUDOIN 1234 MAIN ST PROVIDENCE, NY 01125	0	CARPENTER	S	8.00	8.00	8.00	8.00			8.00	40.00	39.00	ThisProject 2,843.20	Fed 330.64	Fica 121.25	State 81.06	SDI 37.42	Vac/Hol 2.03	Net Wages 1,052.85	
			O										AllProjects 1,585.00	HlthWel 3.89	Pensn 3.18	Training 1.16	FndAd 0.10	Dues 0.11	Check No.	
			D											TrvSub 0.12	Savings 0.53	Other*	Tot Deducts 532.15			
			T																	
KEITH A BELIVEAU 14 KNORR STREET MONROE, CA 06468	0	ELECTRICIAN	S	8.00	8.00			8.00	8.00	8.00	40.00	20.00	ThisProject 800.00	Fed 100.00	Fica 76.50	State 177.46	SDI 10.00	Vac/Hol	Net Wages 636.04	
			O										AllProjects 1,000.00	HlthWel	Pensn	Training	FndAd	Dues	Check No.	
			D											TrvSub	Savings	Other*	Tot Deducts 363.96			
			T																	

SAMPLE

For Hours Worked; S=Straighttime O=Overtime  
D=DoubleTime T=TripleTime

\*Other Any other deductions, contributions and/or payments whether or not included or required by prevailing wage determination must be separately listed. Use extra sheet(s) if necessary.

**Payroll Certification**  
**dir** **California**  
**Department of**  
**Industrial Relations**

Project:  
 03129  
 777 WEST PUTNAM AVENUE  
 CHICAGO, IL 66572

Submitted by:  
 PEM CONSTRUCTION COMPANY  
 P.O. BOX 217  
 1234 MAIN STREET  
 CLAYTON, NC 27528

<u>Contractor/Subcontractor</u> PEM CONSTRUCTION COMPANY		<u>Contract Number</u> # 998978 ;	
<u>First Day and Date of Pay Period</u> Sun JUL 1,2007		<u>Last Day and Date of Pay Period</u> Mon AUG 27,2007	

I JOHN SMITH, the undersigned, am the PRESIDENT with the authority to act for and on behalf of PEM CONSTRUCTION COMPANY certify under penalty of perjury that the records commencing on JUL 1,2007 and ending on AUG 27,2007 submitted herein and consisting of 1 page(s) are the originals, full and correct documents, which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

- (1) That this employer has complied with the requirements of the California Labor Code Sections 1771, 1811 and 1815 for all work performed on this public works project, and that the classifications set forth therein for each trade rate conform with the work performed.
- (2) That any apprentices employed in the above period are duly registered in a bon fide apprenticeship program registered with the State of California's Division of Apprenticeship Standards.

**PAYROLL / OTHER DEDUCTIONS**

1. I herein certify the full and complete Prevailing Wages were paid as currently published and posted by the DIRECTOR of INDUSTRIAL RELATIONS, State of California and only deductions as authorized under the Laws of the State of California or the laws of the United States of America have been made from these sums.
2. All other deductions are clearly listed for each employee on an attachment as required by the Director of Industrial Relations, State of California.

**OPTIONAL BENEFITS PLANS**

I herein certify that all employee deductions for optional benefit plans are authorized and the employee(s) are signed up for the plan(s) and are receiving the benefit(s) of the plan(s) listed

**WHERE FRINGE BENEFITS ARE PAID INTO APPROVED PLANS, FUNDS, OR PROGRAMS**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above payroll, payment of fringe benefits as listed in the contract have or will be made to appropriate programs for the benefit of such employees, except as noted below.

**WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each laborer or mechanic listed in the above payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly rate plus the amount of the required fringe benefits as listed in the determination of the craft, except as noted below.

Exception Craft	Explanation

Remarks:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date

/ /

**NOTICE TO PUBLIC ENTITY**  
**For Privacy Consideration**

Fold back along dotted line prior to copying for release to general public (private persons).

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I JOHN SMITH, the undersigned, am the PRESIDENT with the authority to act for and on behalf of  
PEM CONSTRUCTION COMPANY certify under penalty of perjury that the records  
commencing on JUL 1,2007 and ending on AUG 27,2007 submitted herein and consisting of 1  
page(s) are the originals, full and correct documents, which depict the payroll record(s) of the actual  
disbursements by way of cash, check, or whatever form to the individual or individuals named.

**SAMPLE**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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