



AWARDING BODY

PUBLIC WORKS PAYROLL REPORTING FORM

Page of

		NAME OF CONTRACTOR OR SUB CONTRACTOR		CONTRACTORS LICENSE # SPECIALTY LICENSE #		ADDRESS																	
		PAYROLL NO.		FOR WEEK ENDING		SELF-INSURED CERTIFICATE # WORKERS' COMPENSATION POLICY #		PROJECT OR CONTRACT NO. PROJECT AND LOCATION															
(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) N H O L E S O F F I C I A L T H S	(3) WORK CLASSIFICATION		(4) Day							(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS								(9) NET WGS PAID FOR WEEK CHECK NO.	
				M	T	W	TH	F	S	S													
				Date																			
				Hours Worked Each Day																			
			S										THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VAC/ HOL	HEALTH & WELF	PENSION		
			O												TRANING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DED- UCTIONS		
			S										THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VAC/ HOL	HEALTH & WELF	PENSION		
			O												TRANING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DED- UCTIONS		
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			O												TRANING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DED- UCTIONS		
			S										THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VAC/ HOL	HEALTH & WELF	PENSION		
			O												TRANING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DED- UCTIONS		

CERTIFICATION must be completed

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