PUBLIC WORKS PAYROLL REPORTING FORM

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CONTRACTOR/ SUBCONTRACTOR :	ADDRESS	PROJECT CONTRACT NO.	CONTRACTOR'S LICENSE #

PAYROLL NO.	FOR WEEK ENDING	PROJECT LOCATION	SELF-INSURED CERTIFICATE #	WORKERS' COMPENSATION POLICY #	SPECIALTY LICENSE #

(1) EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER	(2) WITH-HOLDINGS	(3) WORK CLASSIFICATION		(4) DAY							(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS							(9)	
				M	T	W	TH	F	S	S											NET WAGES PAID FOR WEEK	CHECK NO.
				DATE																		
				HOURS WORKED EACH DAY																		
			S										THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VACATION/ HOLIDAY	HEALTH & WELFARE	PENSION	
			O												TRAINING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DEDUCTIONS	
			S										THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VACATION/ HOLIDAY	HEALTH & WELFARE	PENSION	
			O												TRAINING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DEDUCTIONS	
			S										THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VACATION/ HOLIDAY	HEALTH & WELFARE	PENSION	
			O												TRAINING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DEDUCTIONS	
			S										THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VACATION/ HOLIDAY	HEALTH & WELFARE	PENSION	
			O												TRAINING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DEDUCTIONS	

S=Straight Time O=Overtime SDI=State Disability *OTHER Any other deductions, contributions and/or payments whether or not included or required by prevailing wage determinations must be separately listed.