

PUBLIC WORKS PAYROLL REPORTING FORM

CONTRACTOR OR SUBCONTRACTOR NAME	CONTRACTORS LICENSE #	ADDRESS
	SPECIALTY LICENSE #	
PAYROLL NO.	SELF INSURED CERTIFICATE #	PROJECT OR CONTRACT NO.
FOR WEEK ENDING	WORKERS COMPENSATION POLICY #	PROJECT AND LOCATION

(1) EMPLOYEE'S NAME, ADDRESS AND SOCIAL SECURITY #	(2) # WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) STRAIGHT TIME OVER TIME	(5)							(6) TOTAL HOURS WORKED	(7) HOURLY RATE OF PAY	(8)		(9)								(10) CHECK NUMBER	
				DAY									GROSS AMOUNT EARNED ON PROJECT(S)	DEDUCTIONS, CONTRIBUTIONS, AND PAYMENTS										
				S	M	T	W	Th	F	S				THIS	ALL	FEDERAL TAXES	FICA (SOC SEC)	STATE TAXES	SDI	VACATION HOLIDAY	HEALTH & WELFARE	PENSION		TRAINING
				DATE																				
HOURS WORKED EACH DAY																								
			S																					
			O																					
			S																					
			O																					
			S																					
			O																					

S = Straight Time O = Overtime * OTHER Any other deductions, contributions, and/or payments whether or not required by prevailing wage determinations must be separately listed. Use extra sheets if necessary. CERTIFICATION must be completed (see back)

