

## WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or  Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

|  |                                |   |                    |
|--|--------------------------------|---|--------------------|
| CONTRACTOR ABC Contractors                       |                                | SUBCONTRACTOR   |                    |
| ADDRESS 210 Lakeview Road<br>Somertown, PA 99999 |                                | ADDRESS   |                    |
| PAYROLL NUMBER<br>1                              | WEEK ENDING DATE<br>06/30/2007 | PROJECT AND LOCATION<br>Sample project for demonstration only |                    |
|  |                                | PROJECT SERIAL # 7200A  | PROJECT # 54-67-89 |



DEPARTMENT OF  
**LABOR & INDUSTRY**  
COMMONWEALTH OF PENNSYLVANIA  
 BUREAU OF LABOR LAW COMPLIANCE  
 PREVAILING WAGE DIVISION  
 7TH & FORSTER STREETS  
 HARRISBURG, PA 17120  
 1-800-932-0665

| EMPLOYEE NAME  | APPR RATE (%) | WORK CLASSIFICATION | DAY AND DATE          |       |       |       |       |       |       | S-TIME O-TIME | BASE HOURLY RATE | TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)* | TOTAL DEDUCTIONS | GROSS PAY FOR PREVAILING RATE JOB(S) | CHECK # |
|--|---------------|---------------------|-----------------------|-------|-------|-------|-------|-------|-------|---------------|------------------|--|------------------|--------------------------------------|---------|
|  |               |                     | 06/24                 | 06/25 | 06/26 | 06/27 | 06/28 | 06/29 | 06/30 |               |                  |  |                  |                                      |         |
|  |               |                     | Su                    | Mo    | Tu    | We    | Th    | Fr    | Sa    |               |                  |  |                  |                                      |         |
| Jane Doe<br>71 Pineapple Lane<br>Somertown, PA 99999       |               | Pipe Fitter         | HOURS WORKED EACH DAY |       |       |       |       |       |       | 24            | 18.00            | C: 0.00<br>FB: 10.50                               | 178.54           | 432.00                               | 8100    |
|  |               |                     | 0                     | 8     | 8     | 8     | 0     | 0     | 0     |               |                  |  |                  |                                      |         |
| John Doe<br>P.O. Box 999<br>Somertown, PA 99999            |               | Sheetmetal Worker   | HOURS WORKED EACH DAY |       |       |       |       |       |       | 24            | 20.00            | C: 0.00<br>FB: 10.50                               | 207.19           | 480.00                               | 8109    |
|  |               |                     | 0                     | 8     | 8     | 8     | 0     | 0     | 0     |               |                  |  |                  |                                      |         |
| John Q. Public<br>2300 Arena Avenue<br>Somertown, PA 99999 |               | Truck Driver        | HOURS WORKED EACH DAY |       |       |       |       |       |       | 24            | 22.00            | C: 0.00<br>FB: 10.50                               | 169.68           | 528.00                               | 8118    |
|  |               |                     | 0                     | 8     | 8     | 8     | 0     | 0     | 0     |               |                  |  |                  |                                      |         |
| John Smith<br>36 Mimosa Lane<br>Somertown, PA 99999        |               | Laborer             | HOURS WORKED EACH DAY |       |       |       |       |       |       | 24            | 14.00            | C: 0.00<br>FB: 10.50                               | 119.90           | 336.00                               | 8125    |
|  |               |                     | 0                     | 8     | 8     | 8     | 0     | 0     | 0     |               |                  |  |                  |                                      |         |
|  |               |                     | HOURS WORKED EACH DAY |       |       |       |       |       |       |               |                  | C:   |                  |                                      |         |
|  |               |                     | HOURS WORKED EACH DAY |       |       |       |       |       |       |               |                  | FB:  |                  |                                      |         |
|  |               |                     | HOURS WORKED EACH DAY |       |       |       |       |       |       |               |                  | C:   |                  |                                      |         |
|  |               |                     | HOURS WORKED EACH DAY |       |       |       |       |       |       |               |                  | FB:  |                  |                                      |         |

**THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.**

\*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care  This is a sample project for demonstration purposes only
- 2) Pension or retirement  Pension or retirement benefits
- 3) Life Insurance  Life Insurnace benefits
- 4) Disability  Disability benefits
- 5) Vacation, holiday  Vacation, holiday benefits
- 6) Other (please specify)  Other benefits

**CERTIFIED STATEMENT OF COMPLIANCE**

1. The undersigned, having executed a contract with  Awarding Agency   
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)  
 for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibilty to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

(a) The legal name and the business address of the contractor or subcontractor are:

(b) The undersigned is:  a single proprietorship  a corporation organized in the state of  Pennsylvania   
 a partnership  other organization (describe) \_\_\_\_\_

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

| NAME               | TITLE                          | ADDRESS                               |
|--------------------|--------------------------------|---------------------------------------|
| Cory Smith/Partner | President                      | 210 Lakeview Road, Sometown, PA 99999 |
| Tom Jones/Partner  | Vice President/Project Manager | 210 Lakeview Road, Sometown, PA 99999 |
|                    |                                |                                       |
|                    |                                |                                       |

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 (SIGNATURE)

President   
 (TITLE)

\_\_\_\_\_  
 SEAL

Taken, sworn and subscribed before me this \_\_\_\_\_ Day  
 of \_\_\_\_\_ A.D., \_\_\_\_\_