[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.				:	PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS WEEKLY PAYROLL									Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield. CT 06109						
CONTRACTOR NAME AND ADDRESS:							SUBCONTRACTOR NAME & ADDRESS:				WORKER'S COMPENSATION INSURANCE CARRIER									
ABC Contractors							List in:				List insu	insurance carrier here								
210 Lakeview Road Sometown, CT 99999									POLICY # 99999999999999999999999999999999999											
PAYROLL NUMBER	Week-	Ending	ROJECT NAME & ADDRESS												00000	0000 00	•			
1	Date 06/30/2007		Sample project for demonstration only									EFFECTIVE DATE: 06/01/2008 EXPIRATION DATE: 06/01/2009								
PERSON/WORKER	APPR MALE/ RATE FEMALE % AND		WORK		DAY AND DATE Total ST			BASE HOURLY				TOTAL DEDUCTIONS			GROSS PAY FOR CHECK #					
AND ADDRESS			CLASSIFICATION	Su	Mo	Tu	We	Th	Fr	Sa	Hours	RATE	FRINGE FOR ALL BENEFITS WORK		FEDERAL	STATE		THIS PREVAILING	AND NET PAY	
	%	AND RACE*	Trade License Type & Number OR OSHA 10 Certification Number	06/24	1	06/26 OURS WO			06/29	06/30	Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH	Per Hour	PERFORMED THIS WEEK	FICA	WITH- HOLDING	WITH-	OTHER	RATE JOB	NEITAI
Jane Doe 71 Pineapple Lane Sometown, CT 99999		F	Pipe Fitter	0	8	8	8	0	0	0	S-TIME 24	\$ 18.00	1. \$ 1.00 2. \$ 1.50 3. \$ 2.00	720.00	FF 00			43.20	432.00	8100
Comciowii, OT 33333			S2 99999-a	0	0	0	0	0	0	0	O-TIME 0	\$ 0.00 Cash Fringe	4. \$ 1.00 5. \$ 1.50 6. \$ 3.50	720.00	55.08	100.71	22.42	43.20	432.00	498.59
John Doe P.O. Box 999 Sometown, CT 99999		М	Sheetmetal Worker	0	8	8	8	0	0	0	S-TIME 24	\$ 20.00 Base Rate	1. \$ 1.00 2. \$ 1.50 3. \$ 2.00	800.00	61.20	120.71	28.68	48.00	480.00	8106 541.41
			S2 99999-b	0	0	0	0	0	0	0	O-TIME 0	\$ 0.00 Cash Fringe	4. \$ 1.00 5. \$ 1.50 6. \$ 3.50	- - -						
John Q. Public 2300 Arena Avenue Sometown, CT 99999		М	Truck Driver	0	8	8	8	0	0	0	S-TIME 24	\$ 22.00 Base Rate	1. \$ 1.00 2. \$ 1.50 3. \$ 2.00	880.00	67.32	74.55	11.83	52.80	528.00	8118 673.50
			S2 99999-c	0	0	0	0	0	0	0	O-TIME 0	\$ 0.00 Cash Fringe	4. \$ 1.00 5. \$ 1.50 6. \$ 3.50							
John Smith 36 Mimosa Lane Sometown, CT 99999		М	Laborer	0	8	8	8	0	0	0	S-TIME 24	\$ 14.00 Base Rate	1. \$ 1.00 2. \$ 1.50 3. \$ 2.00	560.00	42.84	59.37	11.07	33.60	336.00	8125 413.12
			S2 99999-d	0	0	0	0	0	0	0	O-TIME 0	\$ 0.00 Cash Fringe	4. \$ 1.00 5. \$ 1.50 6. \$ 3.50	- -						
											S-TIME	\$ Base Rate	1. \$ 2. \$ 3. \$							
											O-TIME	\$ Cash Fringe	4. \$ 5. \$ 6. \$							
2/13/2008 WWS-CP 1		*IF REC	OUIRED									*SEE R	EVERSE S	SIDE					PAGE NUMBE	R 1 OF 1

*FRINGE BENEFITS EXPLANATION (P):

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specif	y the type of benef	fits provided:							
1)	Medical or hospit	al care Fill	in your information here						
2)	Pension or retire	ment Fill in	your information here						
3)	Life Insurance	Fill in your in	formation here						
4)	Disability Fill	in your inform	ation here						
5)	Vacation, holiday	Fill in you	r information here						
6)	Other (please spe	cify) Fill it	your information here	<u></u>					
CERTIFIED S	STATEMENT OF C	OMPLIANCE							
For the week	ending date of		06/30/2007	,					
I,	Cory Smith	of	ABC Contracto	rs , (he	reafter known a				
Employer) in	my capacity as	Р	resident (ti	tle) do hereby certi	fy and state:				
during the w		with Connect	e been paid the full week icut General Statutes, sec ing:						
A)	The records sub	nitted are true	and accurate;						
B)	The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;								
C)	The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and section 31-54 if applicable for state highway construction);								
D)	Each such employee of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;								
E)	The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and								
F)	The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.								
2. OSHA~C	Certified Statemen	t							
Submitted of	n								
	(Date)			(Signatur	e)				
				Presiden	t				

*** THIS IS A PUBLIC DOCUMENT ***
*** DO NOT INCLUDE SOCIAL SECURITY NUMBERS ***

(Title)