

**Suggested Single Project Labor Compliance Review and Enforcement Report Form**

[Appendix C following 8 CCR §16434]

Awarding Body: \_\_\_\_\_

Project Name: \_\_\_\_\_

Name of Approved Labor Compliance Program: \_\_\_\_\_

Bid Advertisement Date: \_\_\_\_\_

Acceptance Date: \_\_\_\_\_

Notice of Completion Recordation Date: \_\_\_\_\_

Summary of Labor Compliance Activities

1. Contract Documents Containing Prevailing Wage Requirements (Identify)
  
  
  
  
  
  
  
  
  
  
2. Prejob Conference(s) -- Attach list(s) of attendees and dates
  
  
  
  
  
  
  
  
  
  
3. Notification to Project Workers of Labor Compliance Program's Contact Person. (Explain Manner of Notification for each project work site.)

4. Certified Payroll Record Review

a. CPRs Received From:

| <u>Contractor/Subcontractor</u> | <u>For weeks ending ("w/e") through w/e</u> |
|---------------------------------|---|
| _____                           | _____                                       |
| _____                           | _____                                       |
| _____                           | _____                                       |
| _____                           | _____                                       |

b. Classifications identified in CPRs and applicable Prevailing Wage Determinations

| <u>Classification</u> | <u>Determination No.</u> |
|-----------------------|--------------------------|
| _____                 | _____                    |
| _____                 | _____                    |
| _____                 | _____                    |
| _____                 | _____                    |

5. Further investigation or audit due to CPR review, information or complaint from worker or other interested person, or other reason:

a. Independent Confirmation of CPR Data

| <u>Contractor/Subcontractor</u> | <u>Worker Interviews (Yes/No)</u> | <u>Reconciled CPRs with Pay-checks or Stubs (Yes/No)</u> |
|---------------------------------|-----------------------------------|--|
| _____                           | _____                             | _____  |
| _____                           | _____                             | _____  |
| _____                           | _____                             | _____  |
| _____                           | _____                             | _____  |
| _____                           | _____                             | _____  |

b. Employer Payments (Health & Welfare, Pension, Vacation/Holiday) Confirmation

| <u>Contractor/Subcontractor</u> | <u>Recipients of Employer Payments</u> | <u>Written confirmation Obtained (Yes/No)</u> |
|---------------------------------|--|---|
| _____                           | _____                                  | _____   |
| _____                           | _____                                  | _____   |
| _____                           | _____                                  | _____   |
| _____                           | _____                                  | _____   |

c. Contributions to California Apprenticeship Council or Other Approved Apprenticeship Program

| <u>Contractor/Subcontractor</u> | <u>Recipients of Contributions</u> | <u>Written confirmation Obtained (Yes/No)</u> |
|---------------------------------|------------------------------------|---|
| _____                           | _____                              | _____   |
| _____                           | _____                              | _____   |
| _____                           | _____                              | _____   |
| _____                           | _____                              | _____   |

d. Additional Wage Payments or Training Fund Contributions Resulting from Review of CPRs

| <u>Contractor/Subcontractor</u> | <u>Additional amounts Paid to Workers</u> | <u>Additional Training Fund</u> | <u>Explanation</u> |
|---------------------------------|---|---------------------------------|--------------------|
| _____                           | _____                                     | _____                           | *                  |
| _____                           | _____                                     | _____                           | *                  |
| _____                           | _____                                     | _____                           | *                  |
| _____                           | _____                                     | _____                           | *                  |

\* Use separate page(s) for explanation

6. Complaints Received Alleging Noncompliance with Prevailing Wage Requirements.

| <u>Name of Complainant</u> | <u>Date Received</u> | <u>Resolution or Current Status</u> |
|----------------------------|----------------------|-------------------------------------|
| _____                      | _____                | *                                   |
| _____                      | _____                | *                                   |
| _____                      | _____                | *                                   |
| _____                      | _____                | *                                   |

\*Use separate page(s) to explain resolution or current status

7. Requests for Approval of Forfeiture to Labor Commissioner

| <u>Contractor/Subcontractor</u> | <u>Date of Request</u> | <u>Approved/Modified/Denied</u> |
|---------------------------------|------------------------|---------------------------------|
| _____                           | _____                  | _____                           |
| _____                           | _____                  | _____                           |
| _____                           | _____                  | _____                           |

8. Litigation Pending Under Labor Code Section 1742

| <u>Contractor/Subcontractor</u> | <u>DIR Case Number</u> |
|---------------------------------|------------------------|
| _____                           | _____                  |
| _____                           | _____                  |
| _____                           | _____                  |

9. (Check one): \_\_\_\_\_ Final report this project \_\_\_\_\_ Annual report this project

\_\_\_\_\_  
Authorized Representative for Labor Compliance Program