

Department of Industrial Relations



User Guide for Electronic Certified Payroll Reporting via the Online Form

July 2016

Version 1.6

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1. Introduction

This manual should help you understand the steps in reporting certified payroll records electronically via the Online Form. (A separate User Guide provides instructions for [submitting records via XML upload](#).)

2. Overview of Changes Made to the Online Form in the Latest Release (2.6)

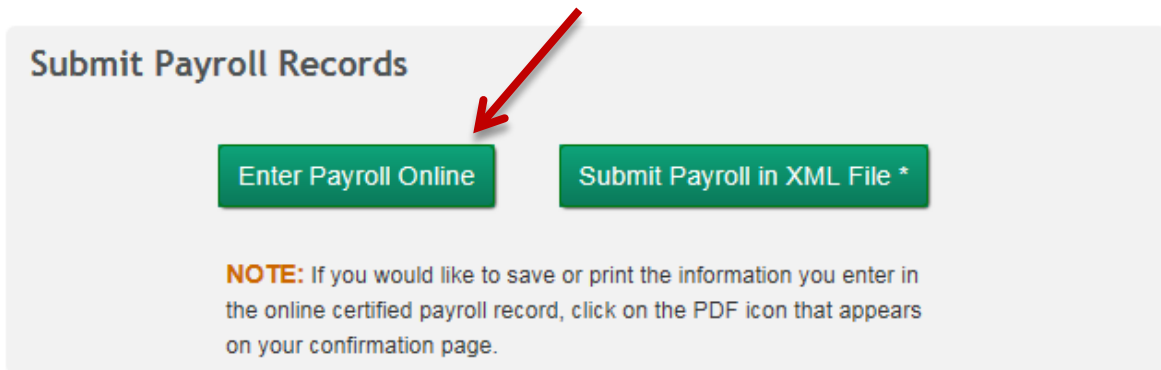
- The field asking for the **Public Works Contractor Registration** Number is now in a prominent location.
- The **Payroll Information** section addresses
 - the possible need to submit multiple crafts for one employee
 - the need to submit weekly, biweekly, and semi-monthly payrolls.

3. System Requirements for the Online Form

The electronic reporting application supports Internet Explorer 9, 10, and the latest versions of Chrome, Firefox, and Safari. No additional software is required.

4. Using the Online Form to Submit Certified Payroll Records

To get started, go to the [landing page for Certified Payroll Reporting](#) on the Public Works website. Select the link for the Online Form, and then click on the **Start** button that will appear.



- You will need to have the following information on hand to complete the Online Form:
 1. **Contractor Information:**
 - a. The contractor's **Public Works Contractor Registration Number**
 - b. The contractor's Social Security Number (**SSN**) or Federal Employer Identification Number (**FEIN**).

(For more details, [see Section 4.1.](#))
 2. **Project Information:** The **DIR Project ID** number (also called the PWC-100 number)

(For more details, [see Section 4.2.](#))
 3. **Payroll Information**
 - a. Employee information
 - b. Payroll deductions
 - c. Contributions
 - d. Payments made to employees

(For more details, [see Section 4.3.](#))

4.1. Contractor Information

Public Works

eCPR System - Online Form

By entering information on this page, you understand that you are in position with the authority to act for and on behalf of the business or contractor, certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, direct deposit of other forms to the individuals named. [Save Local](#)

Tip: Hover cursor over the field for more information.

Contractor Information

If you have a Public Works Contractor Registration Number, enter here:



Go

[Contractor Registration Number Lookup](#)

If you do not have a registration ID, enter NA.

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1. Enter your **Public Works Contractor Registration Number**. If you are not registered, enter **NA** (upper case, no slash) in that field. The only contractors not required to register with DIR are those whose public works projects were bid on or before April 1, 2015.
2. Click the **Go** button next to that field.
3. Enter your Social Security Number (**SSN**) or your Federal Employer Identification Number (**FEIN**) in the second field that appears.
4. Click the **Go** button next to that field.
5. If the rest of the **Contractor Information** fields auto fill, click the **Next** button, to get to the **Project Information** section of the form.

Public Works

eCPR System - Online Form

By entering information on this page, you understand that you are in position with the authority to act for and on behalf of the business or contractor, certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, direct deposit of other forms to the individuals named. [Save Local](#)

Tip: Hover cursor over the field for more information.

Contractor Information

If you have a Public Works Contractor Registration Number, enter here:



Go

[Contractor Registration Number Lookup](#)

If you have not yet been required to register, enter your FEIN or SSN:



Go

Contractor Name:

License Type:

OTHER

License Number:

Contractor Address:

Street:

City:

State: CA

Zip:

Insurance Number:

Contractor Email:

Next

6. If any of the fields remain empty (with a light yellow background), complete those fields to add the contractor to the database, and then click the **Next** button to get to the **Project Information** section.

4.2. Project Information

Project Information

Previously connected projects are available on the drop-down. Or, type a new number.

DIR Project ID: [DIR Project ID Lookup](#) Contact the prime contractor or the awarding body if not found.

1. Select the **DIR Project ID** (also called the PWC-100) number from the drop down menu. If it is not in the list, type it into the field.
2. If you do not know the **DIR Project ID** number, and you are the prime contractor, the awarding body should provide it to you. If you are a subcontractor, contact your prime contractor to obtain it. You may also search for it by using the [DIR Project ID Lookup](#) link provided next to the **DIR Project ID** field.
 - Enter at least one search criteria for the project (**Project Name, Project Number, Award Date, City**, etc.) and click the **Search** button. In the example below, we know the **Awarding Body Name** is "City of DIR."

Home | Search PWC-100

Public Search Utility

Awarding Body Name

Name of Project

Name of Contractor **Contractor Number**

Name of Subcontractor **Subcontractor Number**

First Advertised Bid Date **Contract Amount** **Project Award Date** **Estimate Start Date**

Estimated Completion Date **Classification of Workers:**

Physical Address Address Location

Address Line 1

Address Line 2

City **State** **Zip Code** **Mail Stop** **County**

Sort By

- On the **Search Results** screen that appears in a new window, you will find the **DIR Project ID** (i.e., PWC-100) number in the first column, in blue.

Select the ID number below to see more information about the project.

SEARCH RESULTS

Click the DIR Project ID to see more information about the project.

ID	Awarding Body	Project Name	Contractor	Sub Contractor	Site Address	Dates	Classification	County
Project Number: 321 DIR Project ID: 1550	Test Only City of DIR	123	Name: TORGERSON CONSTRUCTION CSLB/Certificate Number: 321123	Name: - CSLB/Certificate Number: -	123 Main Street Sacramento, CA 95825	Advertised: 02/03/2015 Award: 03/12/2015 Est. Start: 02/10/2015 Est. Comp: 04/30/2015	CARPENTERS LABORERS OPERATING ENG	SACRAMENTO
Project Number: 100-100 DIR Project ID: 16339	Test Only City of DIR	Butte College Test	Name: TEICHERT CONSTRUCTION CSLB/Certificate Number: 8	Name: - CSLB/Certificate Number: -	125 Butte College District Road Oroville, CA 95655	Advertised: 03/01/2015 Award: 03/16/2015 Est. Start: 03/03/2015 Est. Comp: 03/03/2015	CARPENTERS GLAZIERS	BUTTE
Project Number: 0987 DIR Project ID: 13110	City of DIR	Natomas DIR Building	Name: ZYZ CONSULTING INC CONSTRUCTION CSLB/Certificate Number: C36294	Name: - CSLB/Certificate Number: -	natomas	Advertised: 06/01/2015 Award: 01/01/2015 Est. Start: 07/01/2015 Est. Comp: 12/12/2015	ASBESTOS SURVEYORS	SACRAMENTO

Now go back to the online payroll form window and enter the **DIR Project ID** number. Then click the **Go** button.

- If the project information does not display, a message in red will appear indicating that the project must first be registered in the PWC-100 database. Please contact the awarding body on your project to inform them or send an email to publicworks@dir.ca.gov.

Project Information

This project does not yet exist in the PWC-100 Database. The awarding body, which is the public agency owner, will need to submit the project award information into the PWC 100 database.

Previously connected projects are available on the drop-down. Or, type a new number.

DIR Project ID: [DIR Project ID Lookup](#) **Contact the prime contractor or the awarding body if not found.**

4. If the system recognizes the project, it will ask you to select the entity that hired you for the project. Select it from the drop-down menu in the **Contract With** field. If you are the prime contractor, select the awarding body. If you are the subcontractor, select the contractor with whom you have a contract for the project.


Project Information

Previously connected projects are available on the drop-down. Or, type a new number.

DIR Project ID: [DIR Project ID Lookup](#) Contact the prime contractor or the awarding body if not found.

Previously connected prime contractors/agencies are available on the drop-down. Or, type a new name.

Contract With:



The **Contract With** drop-down menu may contain any of the following:

- The awarding body
 - The prime contractor and any subcontractors listed for this project number (DIR Project ID, also called PWC-100 number) in the PWC-100 database.
 - Contractors who have previously submitted certified payroll records on this project.
5. If you do not find the name of the contractor with whom you have a contract for the project, type that name into the **Contract With** field. It is critical to enter the name exactly as it appears in the PWC-100 form or on the contract (for subcontractors not on the PWC-100 form). This name drives the payroll number (and [amendment number](#)) for the payroll reporting system. If the name is even slightly off (different spacing, punctuation, capitalization style or spelling), the system will create a new branch of payroll for the certified payroll records you are submitting.
 6. If this is your first time entering payroll for this project, you will need to create an association linking the project, the awarding body or contractor with whom you have a contract for this project, and your entity. Click on the blue button, **Connect To Project**, to create this association. You only need to do this the first time you enter payroll information for this project.

Project Information

Previously connected projects are available on the drop-down. Or, type a new number.

DIR Project ID: [DIR Project ID Lookup](#) Contact the prime contractor or the awarding body if not found.

Previously connected prime contractors/agencies are available on the drop-down. Or, type a new name.

Contract With:

You have not yet associated the project to the value entered in the "Contract With" field. You must click the "Connect To Project" button to make this association.



7. The **Project Detail** and **Payroll Information** sections will now appear.
8. Before you begin filling out the **Payroll Information** fields, review the information that auto fills the **Project Detail** section to make sure that the system has identified the correct project.

Project Information

DIR Project ID: [DIR Project ID Lookup](#) **Contact the prime contractor or the awarding body if not found.**

Previously connected prime contractors/agencies are available on the drop-down. Or, type a new name.

Contract With:

Project Detail:

Awarding Body:

Project Name:

Street: City: County: State: Zip:

Description:

Payroll Information

[Frequently Asked Questions](#)

Reporting Type:

Check if this is a statement of non-performance

Contractor Payroll Number:

Week Ending:

Check if this is the final payroll for this project

eCPR Payroll Number: 1 - 0

4.3. Payroll Information

Payroll Information

Reporting Type

Week Ending

Check if this is a statement of non-performance

Check if this is the final payroll for this project

[Frequently Asked Questions](#)

Contractor Payroll Number:

eCPR Payroll Number: 1 - 0

Statements of non-performance

1. If no one has worked or been paid on the project in question for this pay period, then select the checkbox in the middle column (see screen shot above) indicating “non-performance.” In the confirmation box that will appear, choose **Yes** to continue (or **Cancel** if you wish to uncheck the box). **If you close this box without clicking on either *Yes* or *Cancel*, your submission will not be accepted.**

Confirmation

Selecting this option will delete any employee payroll records you have entered. Is this what you want to do?

Project Information

DIR Project ID:

Previously connected prime contractors

Contract With:

Project Detail:

Awarding Body:

Project Name:

Street: City: County: State: Zip:

Description:

Payroll Information

Reporting Type

Week Ending

Check if this is a statement of non-performance

Check if this is the final payroll for this project

[Frequently Asked Questions](#)

Contractor Payroll Number:

eCPR Payroll Number: 1 - 0

2. Choose the drop-down menu next to **Reporting Type** and select the appropriate payment frequency (**Weekly, Bi-Weekly or Semi-Monthly**). (see screen shot on next page)
3. Select the **Week Ending** day from the built-in calendar, or manually enter the date in the following format: mm/dd/yy. Please note that for statements of non-performance this is the only employee and payroll information you need to fill out.
4. Fill in the required fields for the signature statement, and then sign it by clicking the **Click to Sign** button (as shown on the next page). Be sure to review all the records carefully before you click on this button, since you will not be able to make any edits to them afterwards.

Payroll Information

[Frequently Asked Questions](#)

Reporting Type

Check if this is a statement of non-performance

Contractor Payroll Number:

Week Ending

Check if this is the final payroll for this project

eCPR Payroll Number: 1 - 0

I, , the undersigned, am the (position in business) with the authority to act for and on behalf of (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 06/26/2016 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.


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5. To submit the payroll record, click on the **Submit** button that will appear.

Submitting payroll reports (other than non-performance reports)

- 1. If employees worked and were paid during this reporting period, you will need to fill out additional information for each employee.

Payroll Information

[Frequently Asked Questions](#)

Reporting Type

Check if this is a statement of non-performance

Contractor Payroll Number:

Week Ending

Check if this is the final payroll for this project

eCPR Payroll Number: 1 - 0

Weekly Reporting

Employee: of 1

First Name Last Name SSN:
Address City: State: Zip:

Enter Craft	Mon 06/20	Tue 06/21	Wed 06/22	Thu 06/23	Fri 06/24	Sat 06/25	Sun 06/26	Total Hours	Base Hourly Rate	Total Hourly Fringe	Hourly Training	Total Hourly Rate
+ Straight Time	<input type="text"/>	0.00	0.00	0.00	0.00	0.00	0.00	<input type="text"/>	0.00	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>
+ Over Time	<input type="text"/>	0.00	0.00	0.00	0.00	0.00	0.00	<input type="text"/>	0.00	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>
+ Double Time	<input type="text"/>	0.00	0.00	0.00	0.00	0.00	0.00	<input type="text"/>	0.00	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>

NOTE: Maximum length 256 characters

Travel & Subsistence

Total Deductions

I, , the undersigned, am the (position in business) with the authority to act for and on behalf of (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 06/26/2016 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

2. If this is your first time entering the employee into the payroll reporting system, or if the system does not recognize the employee, you must complete all the fields (except the **Total Hours** and **Total Hourly Rate**, which the form will add up for you).
3. If an employee record was entered in the previous pay period, most of the required fields will auto fill after you complete the **Last Name** and **SSN** fields. But you will need to re-enter the employee's **First Name** and all the address fields (in addition to entering the hours worked, and any travel/subsistence and deductions amounts for the pay period).
4. If you pay fringe benefits (such as vacation/holiday, health/welfare, and pension contribution) to a benefit plan on behalf of the employee, enter the total amount in the **Total Hourly Fringe** box. However, if you pay the fringe benefits directly to the employee, enter **0.00** in the **Total Hourly Fringe** field, and include the total fringe benefits amount in the **Base Hourly Rate**.
5. In the **Hourly Training** box, enter the amount of the training fund contribution when it is paid to the Division of Apprenticeship Standards' approved apprenticeship program or to the California Apprenticeship Council. If no DAS-approved program exists, you should pay the contribution directly to the worker. In that case, enter **0.00** in the **Hourly Training** box, and include the contribution in the **Base Hourly Rate**.

Weekly Reporting

Employee: 1 of 1

First Name: Last Name: SSN: Address: City: State: Zip:

Enter Craft	Mon 06/20	Tue 06/21	Wed 06/22	Thu 06/23	Fri 06/24	Sat 06/25	Sun 06/26	Total Hours	Base Hourly Rate	Total Hourly Fringe	Hourly Training	Total Hourly Rate
+ Straight Time PAINTER	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
+ Over Time									0.00	0.00	0.00	
+ Double Time									0.00	0.00	0.00	

NOTE: Maximum length 256 characters

Travel & Subsistence: Total Deductions:

[Remove Employee](#) [Add Employee](#) << >>

I, _____, the undersigned, am the _____ (position in business) with the authority to act for and on behalf of _____ (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 06/26/2016 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

[Click to Sign](#)

Weekly Reporting

Employee: 1 of 1

First Name: JON Last Name: SMITH SSN: 987654321
 Address: 1515 CLAY City: OAK State: CA Zip: 91111

Enter Craft	Mon 06/27	Tue 06/28	Wed 06/29	Thu 06/30	Fri 07/01	Sat 07/02	Sun 07/03	Total Hours	Base Hourly Rate	Total Hourly Fringe	Hourly Training	Total Hourly Rate				
- Straight Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	+	0.00	+	0.00	=		
+ Straight Time PAINTER	8.00	8.00	5.00	8.00	0.00	0.00	0.00	29.00	23.00	+	15.00	+	0.00	=	38.00	
													Vacation/ Holiday	Health/ Welfare	Pension	Other
													10.00	5.00	0.00	0.00
+ Over Time		0.00	0.00	0.00	0.00	0.00	0.00		0.00	+	0.00	+	0.00	=		
+ Double Time		0.00	0.00	0.00	0.00	0.00	0.00		0.00	+	0.00	+	0.00	=		

- If the employee worked multiple crafts, click on the plus symbol (+) to add an additional row.
- If you create an additional row and then decide you do not need it, you can click on the minus symbol (-) to remove it.

Weekly Reporting

Employee: 1 of 1

First Name: JOHN Last Name: SMITH SSN: 111111111
 Address: 111 City: POWELL State: CA Zip: 94102

Enter Craft	Mon 06/20	Tue 06/21	Wed 06/22	Thu 06/23	Fri 06/24	Sat 06/25	Sun 06/26	Total Hours	Base Hourly Rate	Total Hourly Fringe	Hourly Training	Total Hourly Rate				
+ Straight Time PAINTER	0.00	8.00	5.00	8.00	0.00	0.00	0.00	21.00	20.00	+	14.00	+	0.41	=	34.41	
													Vacation/ Holiday	Health/ Welfare	Pension	Other
													5.00	7.00	1.00	1.00
+ Over Time		0.00	0.00	0.00	0.00	0.00	0.00		0.00	+	8.00	+	0.00	=		
+ Double Time		0.00	0.00	0.00	0.00	0.00	0.00		0.00	+	16.00	+	0.00	=		

NOTE: Maximum length 256 characters

Travel & Subsistence: 0.00 Total Deductions: 0.00

Remove Employee Add Employee << >>

- If a value other than zero is entered in **Total Hourly Fringe** box, the system will ask for their breakdown (**Vacation/Holiday, Health/Welfare, Pension, Other**).
- In the **Total Deductions** box, enter the employee's federal tax, FICA (Federal Insurance Contributions Act tax, which means Social Security and Medicare), state tax, SDI (State Disability Insurance), and any other deductions listed on the employee's pay stub.

10. To provide additional information to the awarding body, prime contractor, or DIR about an employee’s payroll, use the **Note** field. This is an optional field.

Weekly Reporting Employee: 1 of 1

First Name: Last Name: SSN:

Address: City: State: Zip:

Enter Craft	Mon 08/20	Tue 08/21	Wed 08/22	Thu 08/23	Fri 08/24	Sat 08/25	Sun 08/26	Total Hours	Base Hourly Rate	Total Hourly Fringe	Hourly Training	Total Hourly Rate								
+ Straight Time PAINTER	0.00	8.00	5.00	8.00	0.00	0.00	0.00	21.00	20.00	14.00	0.41	34.41								
<table border="1"> <thead> <tr> <th>Vacation/ Holiday</th> <th>Health/ Welfare</th> <th>Pension</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>5.00</td> <td>7.00</td> <td>1.00</td> <td>1.00</td> </tr> </tbody> </table>													Vacation/ Holiday	Health/ Welfare	Pension	Other	5.00	7.00	1.00	1.00
Vacation/ Holiday	Health/ Welfare	Pension	Other																	
5.00	7.00	1.00	1.00																	
+ Over Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	8.00	0.00									
+ Double Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	16.00	0.00									

NOTE: *Maximum length 256 characters*

Travel & Subsistence: Total Deductions:

11. To add employees, click the **Add Employee** button. Repeat all the steps outlined as many times as necessary to report payroll for all of your employees.

12. To remove an employee from the form, click the **Remove Employee** button.

Weekly Reporting

Employee: of 2

First Name: Last Name: SSN:
 Address: City: State: Zip:

Enter Craft	Mon 06/20	Tue 06/21	Wed 06/22	Thu 06/23	Fri 06/24	Sat 06/25	Sun 06/26	Total Hours	Base Hourly Rate	Total Hourly Fringe	Hourly Training	Total Hourly Rate
+ Straight Time	<input type="text"/>	0.00	0.00	0.00	0.00	0.00	0.00	<input type="text"/>	0.00	+ 0.00	+ 0.00	= <input type="text"/>
+ Over Time	<input type="text"/>	0.00	0.00	0.00	0.00	0.00	0.00	<input type="text"/>	0.00	+ 0.00	+ 0.00	= <input type="text"/>
+ Double Time	<input type="text"/>	0.00	0.00	0.00	0.00	0.00	0.00	<input type="text"/>	0.00	+ 0.00	+ 0.00	= <input type="text"/>

NOTE: Maximum length 256 characters

Travel & Subsistence: Total Deductions:

13. To edit the payroll record for any of the employees entered before you have submitted the records, go to the payroll screen of the record you want to edit by clicking the blue arrow buttons (<< or >>). You can also enter the employee number in the box in the upper right corner.

Payroll Information [Frequently Asked Questions](#)

Reporting Type: Check if this is a statement of non-performance
 Week Ending: Check if this is the final payroll for this project
 Contractor Payroll Number:
 eCPR Payroll Number: 1 - 0

I, , the undersigned, am the (position in business) with the authority to act for and on behalf of (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 07/14/2016 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

2.6.35 07082016 Date

13. After you have entered all payroll records and have finished editing them, complete the certification box and sign the form (by clicking on the **Click to sign** button). Be sure to review all the records carefully before you click on this button, since you will not be able to make any edits to them afterwards.

14. To finish the reporting process, click the **Submit** button that will appear.

15. If any mandatory data is missing from the form, you will not be able to click the **Submit** button and process the payroll records until you supply the missing information. Missing information is displayed with a red or yellow background.

Unable to submit payroll because one or more fields contain invalid data. Problem items are denoted by red or yellow backgrounds. Please review the data you have entered and fix and invalid items before retrying your submission. x

16. After each successful submission, a confirmation page will appear, which you can print out for your records.

[Public Works](#)

eCPR System - Online Form

eCPR Online Confirmation

Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at publicworks@dir.ca.gov.

Contractor Name: TEST2
Contractor Address: 1515 CLAY ST OAKLAND CA 94612
Awarding Body: DIR EDI TEST
Project ID: 11051
Contract With: DIR TEST
Week Ending Date: 2016-06-26
Payroll Number: 1
Amendment Number: 0

1 employee payroll record(s) processed

Your Transaction ID is: 7

[Print this Page](#)



[View your submission](#)

[Submit another set of payroll records](#)

17. Please note: If you would like to keep copies of the records you submitted, click the **pdf icon** before you leave the confirmation page and print your records. **You will not be able to retrieve unredacted copies of your records after you leave the confirmation page.**

4.4. Submitting Corrections

After you have submitted a payroll record in the Online Form, you can still make corrections to the submitted form, even though the system does not allow you to retrieve and change any of the records you have submitted.

1. To do so, you must resubmit all the original employee information, entering the corrected information for that employee along with the information that was correct the first time around.
2. You only need to resubmit the record for the employee(s) whose information had errors (not the records for all employees, unless they all contained errors). Corrected versions of a payroll record are referred to as “Amendments” within the system.
3. The following fields in the payroll you are correcting must match the original payroll exactly as first entered in order for your corrected report to replace the first version:
 - Contractor’s **SSN** (or the **FEIN**)
 - **DIR Project ID** (also called the PWC-100) number
 - Contract agency name (the awarding body, primer contractor or other hiring contractor indicated in the **Contract With** field)
 - **Week Ending** date
 - Employee’s **SSN**
 - **Craft**
 - **Base Hourly Rate**

Please note: If the error that you need to correct is in one of the fields listed above, your payroll record will be considered a new payroll report. In that case, you should explain the situation in the **Notes** field.

4. The confirmation page includes key information about the payroll records submitted, including the **Amendment Number**. This number refers to the corrected version of records already submitted. **Amendment Number 1** refers to the first resubmission/correction of a payroll record; if you need to correct it a second time, the subsequent correction would be named **Amendment 2**.