

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

*Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))*

Report for the reporting period April 1, 2010 to June 30, 2010  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Westside Union School District

2. LCP I.D. Number (assigned by DIR): 2003.00109

3. Date of Initial Approval: April 10, 2003

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Robert W. Abel, Assistant Superintendent Administrative Services  
41910 N. 50<sup>th</sup> St. W.

Quartz Hill, CA 93536

Phone 661-722-0716

Fax 661-943-1298

n.thomas@westside.k12.ca.us

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one:  Yes  If Yes, proceed to item 6 on the next page

No  If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,

455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

**ICP-AR2**

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)

SUBMITTED BY:

*Robert W. Abel*  
Signature

Robert W. Abel

Name and Title

August 20, 2010

Date