

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period 07/01/2010 to 06/30/2011
(mmm/dd/yyyy) (mmm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :

El Dorado Union High School District

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

2003.00369

3. Date of Initial Approval:

02/05/2004

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

Patty McClellan - Facilities Director
4675 Missouri Flat Road
Placerville, CA 95667
Phone: 530 622 5081 x7215
Fax: 530 642 0287

Administered by: Contractor Compliance and Monitoring, Inc.
635 Mariners Island Blvd. #200 San Mateo, CA 94404
Phone: (650) 522-4403 Fax: (650) 522-4402

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

Please check one: [X] 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

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)

Under the new proposed regulations, we object to paying the CMU when we have our own approved LCP. As long as we meet the requirements of the LCP, our decision to use an outside consultant to assist us should not result in us also paying the CMU.

SUBMITTED BY:

[Handwritten Signature]

Signature

Christopher R. Hoffman, Superintendent
Name and Title

August 23, 2011
Date

**LCP-ARI**

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
See attached			
Total			

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
See attached				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**LCP-AR1**

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
See attached			
<b>Total</b>			

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
See attached										
<b>Total</b>										

E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
N/A				

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one:  Yes  No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: \_\_\_\_\_ N/A \_\_\_\_\_

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one:  Yes  No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: \_\_\_\_\_ N/A \_\_\_\_\_

