

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 07/01/2011 to 06/30/2012  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : San Jose Unified School District		
2. LCP I.D. Number (assigned by DIR): 2011.00807	3. Date of Initial Approval: 09/01/2011	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Amy Ruffo – Manager Facilities and Construction 855 Lenzen Ave. San Jose, CA 95126 P: (408) 535-6000 F: N/A		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input checked="" type="checkbox"/> YES If Yes, proceed to item 6 on the next page <input type="checkbox"/> 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) None		
SUBMITTED BY: 	Amy Ruffo, Manager Facilities and Construction	09/9/12
Signature	Name and Title	Date



**LCP-AR2**

C. 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
N/A				<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	
<b>Total</b>					

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

Project Name	Amount Assessed	Amount Recovered	Explanation
N/A			
<b>Total</b>			

**LCP-AR2**

E. For any amount identified in item C 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
<b>Total</b>										

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status

G. 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: \_\_\_\_\_

H. 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: \_\_\_\_\_