

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 7/01/2011 to 06/30/2012 (mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION		
2. LCP I.D. Number (assigned by DIR): 2003.00358	3. Date of Initial Approval: 11/13/2003	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): PEGGY EDWARDS, CPPO PH# 805-782-7218 PURCHASING MANAGER FAX# 805-546-0654 3350 EDUCATION DRIVE, SLO CA 93405 EMAIL: PEDWARDS@SLOCOE.ORG		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input checked="" type="checkbox"/> 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)		
SUBMITTED BY	PEGGY EDWARDS, PURCHASING MANAGER	7/9/12
 Signature	Name and Title	Date