

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Suggested 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) : **Upland Unified School District**

3. Date of Initial Approval: **May 8, 2003**

2. LCP I.D. Number (assigned by DIR): **2003.00190**

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

Peter Davenport, Director of Facilities

390 N. Euclid Avenue

Upland, CA 91786-4763

(909) 985-1864 Office (909) 949-7872 Fax

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

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) Please make this form **INTERACTIVE** like the DAS-140 form so it will be easier to use. Thank you.

SUBMITTED BY:



Signature

Peter Davenport, LCO

Name and Title

6.7.12

Date

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

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

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:
