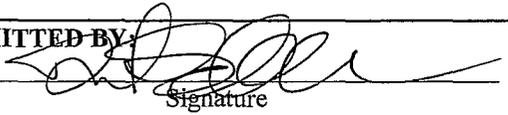


LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

Report for the reporting period July 1, 2012 to June 30, 2013  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Reclamation District No. 773	
2. LCP I.D. Number (assigned by DIR): 2011.00717	3. Date of Initial Approval: 09/01/11
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Daniel Schroeder c/o Neumiller & Beardslee P.O. Box 20 Stockton, CA 95201-3020 (209) 948-8200 phone	
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) Create consistency in the field of Labor Compliance by providing seminars and training.	
SUBMITTED BY: <u></u> Signature	
<u>Dans Schroeder</u> Board Secretary Name and Title	
<u>8-12-13</u> Date	

**LCP-AR1**

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
Fabian Tract Summer/Fall Weed Control	Not Applicable	Custom Spraying, Inc.	\$ 6,800.00
Fabian Tract Erosion Repair	Not Applicable	Dino & Sons Ditching Service	\$24,950.00
Total			\$31,750.00

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
None to Report				<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					

**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
None to Report			
Total			

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
None to Report										
Total										

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

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
None to Report				

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: \_\_\_\_\_

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)? NO

Please check one:  Yes  No

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

Internet Course Certificate of Completion

# ETHICS ORIENTATION FOR STATE OFFICIALS

I am aware of, and have attempted to comply with, the procedures established by my agency for making this Internet training a part of my agency's ethics orientation. I have carefully read all of the instructional materials that were provided in this accessible, non-interactive Internet course.

**Name**

Laura L. Devany

**Agency**

North Valley Labor Compliance Services

**Date course completed**

02/21/13

**Position**

Labor Compliance Consultant

**Date**

2/21/13

Signature



My signature on this certificate signifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

[Print](#)