

**LABOR COMPLIANCE PROGRAM ANNUAL REPORT**

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

**RECEIVED**

**AUG 12 2014**

DEPT. OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

Report for the reporting period: 07/01/13 06/30/14

1. Name of Labor Compliance Program (LCP):  
**EASTERN SIERRA UNIFIED SCHOOL DISTRICT**

2. LCP I.D. Number (assigned by DIR):  
**2011.00831**

3. Date of Initial Approval:  
**September 1, 2011**

4. Contact Person  
Name: Tony Ruiz  
Address: 231 Kingsley St./P.O. BOX 575, Bridgeport, CA 93517  
Phone: 760-932-7443  
Fax: 760-932-7140  
Email: truíz@esud.org

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?  
Yes \_\_\_\_\_ If yes, proceed to item 6 on the next page  
No X 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:

 Director of Maint. & Facilities 8.6.14  
Signature Name / Title Date





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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
N/A			
<b>Total:</b>	\$0.00	\$0.00	

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	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
					\$ -					\$ -
					\$ -					\$ -
					\$ -					\$ -

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

Project Name	Contractors	Nature of Violation	ODL Case #	Current Status

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?  Yes  No

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 Standard (DAS)?  Yes  No

Please check one:  Yes  No  
If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: