LCP-AR1

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 __07/01/2013__ (mm/dd/yyyy) to ____06/30/2014___ (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :
Hughson Unified School District

2. LCP I.D. Number (assigned by DIR):
2004.00458

3. Date of Initial Approval:
1/7/2005

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OFFICE OF THE DIRECTOR

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

Cindy Whiteman- Chief Business Official
6815 Hughson Avenue
Hughson, CA 95326
Phone: (209) 883-4428 x3
Fax: (209) 883-4639

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)

SUBMITTED BY:

Cindy Whiteman — Signature
Cindy Whiteman CBO — Name and Title
8/18/14 — Date