

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

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AUG 07 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):
LE GRAND UNIFIED ELEMENTARY SCHOOL DISTRICT

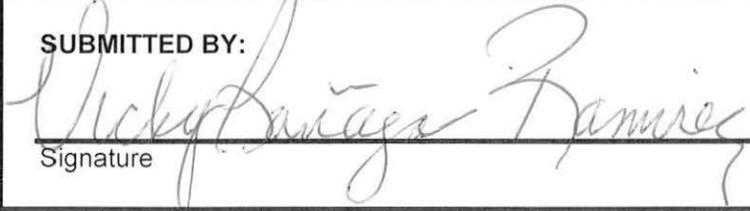
2. LCP I.D. Number (assigned by DIR):
2003.00336

3. Date of Initial Approval:
September 4, 2003

4. Contact Person
Name: VICKY RAMIREZ
Address: P.O. BOX 27, Le Grand, CA 95333
Phone: 209-389-4515
Fax: 209-389-4041
Email: VRAMIREZ@LGELM.LEGRAND.K12.CA.US

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:
  
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.

<i>Project Name</i>	<i>Amount Assessed</i>	<i>Amount Recovered</i>	<i>Explanation</i>
N/A			
Total:	\$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:

<i>Project Name</i>	<i>Amount Assessed</i>				<i>Amount Recovered</i>					
	<i>LC § 1776</i>	<i>LC § 1775</i>	<i>LC § 1813</i>	<i>Wages</i>	<i>Total</i>	<i>LC § 1776(g)</i>	<i>LC § 1775</i>	<i>LC § 1813</i>	<i>Wages</i>	<i>Total</i>
					\$ -					\$ -
					\$ -					\$ -
					\$ -					\$ -

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

<i>Project Name</i>	<i>Contractors</i>	<i>Nature of Violation</i>	<i>ODL Case #</i>	<i>Current Status</i>

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 Standard (DAS)?

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