

**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 to 06/30/2014

Closing Report

**RECEIVED**

**SEP 08 2014**

Department of Industrial Relations  
Office of the Director

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

2. LCP I.D. Number (assigned by DIR): 2003-00111

3. Date of Initial Approval: April 1, 2003

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

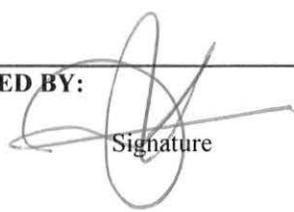
Pamila M Millet-Henderson  
955 High Street  
Oakland, CA. 94601

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  
    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

Pamila M Millet-Henderson, Labor Compliance Officer  
Name and Title

September 2, 2014  
Date