

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, 2013- June 30, 2014

1. Name of Labor Compliance Program (LCP) : Reclamation District 2 Labor Compliance Program

2. LCP I.D. Number (assigned by DIR): 2011.00722

3. Date of Initial Approval: 9/1/2011

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

Mr. Al Warren Hoslett  
343 E. Main Street Suite 815  
Stockton, CA 95202

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OFFICE OF THE DIRECTOR

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,  
1515 Clay Street 17th Floor, Oakland, CA 94612

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:

*Pamela A. Formis*  
Signature

*Assistant Secretary*  
Name and Title

*8/26/2014*  
Date