

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 to June 2014

1. Name of Labor Compliance Program (LCP) : Reclamation District No. 2090		
2. LCP I.D. Number (assigned by DIR): 2011.00725	3. Date of Initial Approval: 09/01/11	
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		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?  Please check one: <input type="checkbox"/> Yes    If Yes, proceed to item 6 on the next page <input checked="" type="checkbox"/> 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) Create consistency in the field of Labor Compliance by providing seminars and training.		
<b>SUBMITTED BY:</b> <i>Pamela A. Forbes</i> <i>Attorney</i> <i>8/26/2014</i> _____ Signature                                      Name and Title                                      Date		

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 SEP 23 2014  
 DEPT. OF INDUSTRIAL RELATIONS  
 OFFICE OF THE DIRECTOR