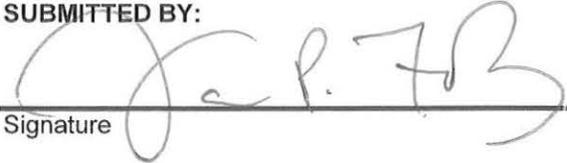


LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

Report for the reporting period: 07/01/13 06/30/14

1. Name of Labor Compliance Program (LCP): SAN JOAQUIN COUNTY OFFICE OF EDUCATION	RECEIVED AUG 21 2014 DEPT. OF INDUSTRIAL RELATIONS OFFICE OF THE DIRECTOR	
2. LCP I.D. Number (assigned by DIR): 2011.00853		
3. Date of Initial Approval: September 1, 2011		
4. Contact Person Name: Kim Affonso Address: P.O. Box 213030, Stockton, CA 95213 Phone: 209-468-9230 Fax: N/A Email: kaffonso@sjcoe.net		
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 <u>X</u> 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:		
	James P. Foley, Division Director	8/18/2014
Signature	Name / Title	Date

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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			CONTRACTORS IMMEDIATELY AND VOLUNTARILY MADE RESTITUTION TO THE AFFECTED WORKERS
			CONTRACTORS IMMEDIATELY AND VOLUNTARILY MADE RESTITUTION TO THE AFFECTED WORKERS
			CONTRACTORS IMMEDIATELY AND VOLUNTARILY MADE RESTITUTION TO THE AFFECTED WORKERS
			CONTRACTORS IMMEDIATELY AND VOLUNTARILY MADE RESTITUTION TO THE AFFECTED WORKERS
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>
N/A										
					\$ -					\$ -
					\$ -					\$ -
					\$ -					\$ -

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>
N/A				

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1? Yes No

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)? Yes No

Please check one: Yes No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: