

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 07/01/2014 to 06/30/2015

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JUL 28 2015

Department of Industrial Relations
Office of the Director

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

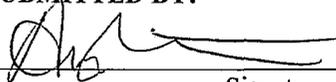
2. LCP I.D. Number (assigned by DIR):
2011.01042

3. Date of Initial Approval:
09/01/11

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
Amy Peterman, Asst. Superintendent, Business Services Division
PO Box 307 Ceres, CA 95307
Phone: 209-556-1500 x 1340

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,
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

Amy Peterman, Asst. Supt., Business Services Division
Name and Title

7/22/15
Date