

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

RECEIVED

JUL 28 2015

Department of Industrial Relations
Office of the Director

Report for the reporting period: 07/01/14 06/30/15

1. Name of Labor Compliance Program (LCP): CITY OF MORRO BAY
2. LCP I.D. Number (assigned by DIR): 2011.00866
3. Date of Initial Approval: 9/1/2011
4. Contact Person Name: Richard Sauerwein, Capital Projects Manager Name: Jarrod Whelan, Assistant Engineer Address: 595 Harbor St., Morro Bay, CA 93442 Phone: 805-772-6215 Fax: 805-772-6268 Email: RSauerwein@morro-bay.ca.us Email: JWhelan@morro-bay.ca.us
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Yes <input type="checkbox"/> If yes, proceed to item 6 on the next page No <input checked="" type="checkbox"/> 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
ASSISTANT ENGINEER Name / Title
7/22/2015 Date