

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

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AUG 17 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):
LAKE ELSINORE UNIFIED SCHOOL DISTRICT

2. LCP I.D. Number (assigned by DIR):
2011.00968 *Duplicate*

3. Date of Initial Approval:
September 1, 2011

4. Contact Person
Name: Gregory J. Bowers
Address: 545 Chaney St., Lake Elsinore, CA 92530
Phone: (951) 253-7015
Fax: (951) 253-7009
Email: greg.bowers@leusd.k12.ca.us

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 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:
Gregory J. Bowers
Signature: *Gregory J. Bowers* Name / Title: *Gregory J. Bowers, Assist. Supt.* Date: *8-10-15*

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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			
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?

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)?

Please check one: Yes

No

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