

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  
(mm/dd/yyyy) (mm/dd/yyyy)

*JHS*

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JUL 28 2015

Department of Industrial Relations  
Office of the Director

1. Name of Labor Compliance Program (LCP) : Plumas COE/USD	
2. LCP I.D. Number (assigned by DIR): 2011.01050	3. Date of Initial Approval: 9/1/2011
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Cherie Whipple, Fiscal Services Specialist 1446 East Main Street Quincy, CA 95971 Phone: 530-283-6500 ext. 5214 Email: cwhipple@pcoe.k12.ca.us	
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, 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102	

**LCP-ARI**

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:**

Demy R. Oestreich  
Signature

Assistant Superintendent Human Resources  
Name and Title

7-22-15  
Date