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LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

AUG 17 2015

Department of Industrial Relations  
Office of the Director

Report for the reporting period 07/01/2014 to 06/30/2015  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Reclamation District 800		
2. LCP I.D. Number (assigned by DIR): 2011.01052	3. Date of Initial Approval: 09/01/2011	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Bill Darsie <u>Jeffrey D. Conway</u> Administered by: Contractor Compliance and Monitoring, Inc. P.O. 262 635 Mariners Island Blvd. #200 San Mateo, CA 94404 Byron, CA 94514 Phone: (650) 522-4403 Fax: (650) 522-4402 Phone: <del>209-946-0268</del> <u>925-634-2351</u>		
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		
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: <u>[Signature]</u> <u>Jeffrey D. Conway, District Manager</u> <u>8/10/15</u> Signature Name and Title Date		