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| Labor Commissioner, State of California Department of Industrial Relations Division of Labor Standards Enforcement 300 Ocean Gate Ste 850 Long Beach, CA 90802 (562) 983-1453 FAX: 562-499-6439 |  |
| | In Reply Refer to Case No |
| DATE | |

ASSIGNMENT AND ORDER DIRECTING PAYMENT

| | |
|------------------|-------------|
| PROJECT NAME | Project No. |
| Prime Contractor | |
| Subcontractor | |

I, _____, hereby assign, transfer, and order paid to the Department of Industrial Relations, Division of Labor Standards Enforcement, State of California at 2031 Howe Avenue, Suite 100, Sacramento, California 95843 the sum of _____ (\$0.00) to be paid by you from and out of the monies due or held for me as per the above -noted contract to the extent of the total claim herein above shown.

I hereby declare that any money paid pursuant to this assignment shall apply toward the payment of any wages due or demands filed or to be filed against me in the office of the Division of Labor Standards Enforcement.

THIS ASSIGNMENT IS DECLARED BY ME TO BE IRREVOCABLE

Executed on _____, at _____, California.

Signature

State of California)
 County of _____) ss:

Personally appeared before me _____, who acknowledges that he/she signed the above assignment and that the statements therein are true to the best of his/her knowledge and belief.

STATE LABOR COMMISSIONER

By _____

Deputy Labor Commissioner I