



May 20, 2010

Mr. Victor M. Osorio, SSA  
Office of the Director  
Department of Industrial Relations  
455 Golden Gate Avenue, 10<sup>th</sup> Floor  
San Francisco, CA 94102

RE: Labor Compliance Program Annual Report  
Clovis Unified School District

Enclosed please find the annual report for the Clovis Unified School District Labor Compliance Program. There have been no LCP enforcement activities during the January 1, 2009 through December 31, 2009 reporting period.

Thank you for your patience. Please call me if you have any questions.

Sincerely,

Don Ulrich  
Assistant Superintendent  
Facility Services

**Governing Board**

Sandra A. Bengel  
Christopher Casado  
Brian D. Heryford  
Ginny Hovsepian  
Elizabeth J. Sandoval  
F. Scott Troescher  
Jim Van Volkinburg, D.D.S.

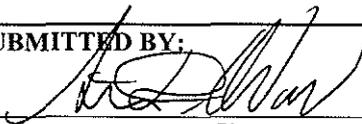
**Administration**

David E. Cash, Ed.D.  
*Superintendent*  
Michelle Stregall, Ed.D.  
*Associate Superintendent*  
Steve Ward  
*Associate Superintendent*  
Janet Young, Ed.D.  
*Associate Superintendent*

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 01/01/2009 to 12/31/2009  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Clovis Unified School District		
2. LCP I.D. Number (assigned by DIR):2003.00368	3. Date of Initial Approval: January 27, 2004	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Steve Ward Clovis Unified School District 1450 Herndon Avenue Clovis, CA 93711		
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:  Signature	Associate Superintendent Name and Title	5/19/2010 Date

**LCP-AR1**

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
Total			

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total					

**LCP-AR1**

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
Total			

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
Total										

E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status

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 Standards (DAS)?

Please check one:  Yes  No

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