

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 07/01/2011 to 06/30/2012  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Santa Barbara Community College District		
2. LCP I.D. Number (assigned by DIR): 2011.01032	3. Date of Initial Approval: 9/1/2011	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Julie Hendricks – Director of Facilities & Campus Development 721 Cliff Drive Santa Barbara, CA 93109 Phone: 805-965-0581 x 3547 Fax: 805-966-4806 Email: Hendrick@sbcc.edu		
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	Julie Hendricks – Director of Facilities & Campus Development Name and Title	8/16/12 Date