1. **Name of Labor Compliance Program (LCP):** Elk Grove Unified School District

2. **LCP I.D. Number (assigned by DIR):** 2003.00236

3. **Date of Initial Approval:** 06/09/2003

4. **Contact person (include name, title, address, telephone, fax, and e-mail, if available):**
   
   Mr. Robert Pierce
   
   9510 Elk Grove-Florin Road
   
   Elk Grove, CA 95624
   
   Ph# 916-686-7711

5. **Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?**
   
   Please check one:
   
   - [ ] Yes  If Yes, proceed to item 6 on the next page
   - [x] 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)

N/A