**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 **07/01/2012** to **06/30/2013**

| 1. Name of Labor Compliance Program (LCP) | Hughson Unified School District |
| 2. LCP I.D. Number (assigned by DIR): | 2004.00458 |
| 3. Date of Initial Approval: | 1/7/2005 |
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | Cindy Whiteman - Chief Business Official  
6815 Hughson Avenue  
Hughson, CA 95326  
Phone: (209) 883-4428 x3  
Fax: (209) 883-4639 |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? | Yes  
If Yes, proceed to item 6 on the next page  
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:**

Cindy Whiteman  
Signature  
Name and Title  
8/13/13  
Date