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: 07/01/13 06/30/14

1. Name of Labor Compliance Program (LCP):
   PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

2. LCP I.D. Number (assigned by DIR):
   2011.00848

3. Date of Initial Approval:
   9/1/2011

4. Contact Person
   Name: DEBBIE WELLS
   Address: 375 Via Almar, Palos Verdes Estates, CA 90274
   Phone: (310) 378-9966 ext.430
   Fax: N/A
   Email: wellsdr@pvpusd.k12.ca.us

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 __X__ 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]

   [Name / Title]

   [August 19, 2014]