

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 July 1, 2013- June 30, 2014

RECEIVED
AUG 29 2014
DEPT. OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

1. Name of Labor Compliance Program (LCP) : Reclamation District 544 Labor Compliance Program

2. LCP I.D. Number (assigned by DIR): 2011.00723

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

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Mr. Al Warren Hoslett
343 E. Main Street Suite 815
Stockton, CA 95202

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
 No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,
1515 Clay Street 17th Floor, Oakland, CA 94612

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:

Pamela A. Forbus
Signature

PAMELA A. FORBUS, Assistant Secretary
Name and Title

August 26, 2014
Date