

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 07/01/2014 to 06/30/2015
(mm/dd/yyyy) (mm/dd/yyyy)

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Department of Industrial Relations
Office of the Director

1. Name of Labor Compliance Program (LCP) : LATROBE SCHOOL DISTRICT		
2. LCP I.D. Number (assigned by DIR): 2012.01143	3. Date of Initial Approval: 1/31/2013	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): NATALIE MILLER, SUPERINTENDENT/PRINCIPAL 7900 S. SHINGLE ROAD SHINGLE SPRINGS, CA 95682 PH: 530-677-0260 FAX: 530-672-0463		
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:		
<u><i>Natalie Miller</i></u>	<u>NATALIE MILLER, SUPERINTENDENT/PRINCIPAL</u>	<u>8-11-15</u>
Signature	Name and Title	Date