

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

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AUG 06 2015

Department of Industrial Relations
Office of the Director

Report for the reporting period: 07/01/14 06/30/15

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1. Name of Labor Compliance Program (LCP):
SAN JOAQUIN COUNTY OFFICE OF EDUCATION

2. LCP I.D. Number (assigned by DIR):
2011.00853

3. Date of Initial Approval:
September 1, 2011

4. Contact Person
Name: Kim Affonso
Address: P.O. Box 213030, Stockton, CA 95213
Phone: 209-468-9230
Fax: N/A
Email: kaffonso@sjcoe.net

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: 
Signature _____ Name / Title **Ronald Estes/Division Director** Date **July 31, 2015**