

# 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 18 2015

Department of Industrial Relations  
Office of the Director

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

*Handwritten signature and initials*

1. Name of Labor Compliance Program (LCP): <b>TULARE COUNTY OFFICE OF EDUCATION</b>		
2. LCP I.D. Number (assigned by DIR): <b>2011.00856</b>		
3. Date of Initial Approval: <b>September 1, 2011</b>		
4. Contact Person Name: JIM VIDAK Address: 2637 West Burrel Avenue, P.O. Box 5091, Visalia, CA 93278-5091 Phone: (559) 733-6301 Fax: (559) 627-5219 Email: jimv@tcoe.org		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Yes <input type="checkbox"/> If yes, proceed to item 6 on the next page No <input checked="" type="checkbox"/> If No, complete the information below, sign the form and submit to: <b>DIR, Office of the Director Attn: LCP Special Assistant 455 Golden Gate Avenue, 10th Floor San Francisco CA 94102</b>		
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)?		
<b>SUBMITTED BY:</b>  Signature	Jim Vidak, Tulare County Superintendent of School Name / Title	August 11, 2015 Date