

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)

RECEIVED

AUG 24 2015

Department of Industrial Relations
Office of the Director

1. Name of Labor Compliance Program (LCP) : West Hills Community College District

2. LCP I.D. Number (assigned by DIR):2011.01037

3. Date of Initial Approval:09/01/2011

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

Ken Stoppenbrink
Deputy Chancellor
West Hills Community College District
9800 Cody St.
Coalinga, CA. 93210
Phone: (559) 934-2160
Fax: (559) 934-2816
Email: kenstoppenbrink@whccd.edu

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

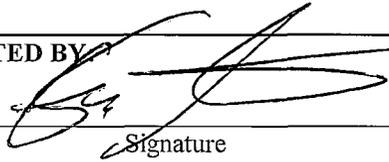
Please check one: Yes If Yes, proceed to item 6 on the next page

No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,
455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

LCP-AR1

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

Ken Stoppenbrink, Deputy Chancellor
Name and Title

08/17/2015
Date