# 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 ___________ to ___________  

<table>
<thead>
<tr>
<th>NO PROJECTS</th>
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</table>

## 1. Name of Labor Compliance Program (LCP):

Glendale Unified School District

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

## 3. Date of Initial Approval:

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

Alan Reising, Administrator  
Facilities Planning, Development, & Support Operations

## 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
- [X] 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)
LCP-AR1

SUBMITTED BY:

Signature

Name and Title

Date

5/19/16

LCP ANNUAL REPORT 8 CCR § 16431 -- AB limited

2008