LABOR COMPLIANCE PROGRAM ANNUAL REPORT
CLOSING REPORT

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

Report for the reporting period __7-1-2015__ to __6-30-2016__

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1. Name of Labor Compliance Program (LCP): Porterville Unified School District

2. LCP I.D. Number (assigned by DIR): 2003.00304

3. Date of Initial Approval:

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Merri Larson, Business Office, 600 W Grand Ave, Porterville Ca 93257. Phone 559-793-2438, fax 559-781-8386, email: merrilarson@portervilleschools.org

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?
   Please check one:
   - [ ] Yes
   - [x] No
   If Yes, proceed to item 6 on the next page
   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)

Please terminate our status as no current funding under Proposition 84 is being utilized

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SUBMITTED BY:

Merri Larson, Labor Compliance

Name and Title

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