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 ______________

(07/01/2017)           (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :   Paso Robles Joint Unified School District

2. LCP I.D. Number (assigned by DIR):
   2010.00651

3. Date of Initial Approval:

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Christina Bennett, Purchasing Manager
   800 Niblick Rd
   Paso Robles, CA 93446     p 805.769.1000 cmbennett@pasoschools.org

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,
   1515 Clay Street, 17th Floor, Oakland CA 94612

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:

christina bennett

Digital signature by christina bennett
Name: christina bennett, cm_bennett@pasoschools.org, c=US
Date: 2018.03.16 16:55:22 -08'00'

Christina Bennett, Purchasing Manager  12.03.18
Name and Title  Date