

Department of Industrial Relations



eCPR Application User Guide

January, 2016

Version 1.5

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1. Introduction

This manual is provided to help applicants understand the steps in the eCPR application process.

2. Release Notes (1.10)

- The “Total” field under the Payroll Information section has been changed to “Total Deductions”.
- Automatic calculation in the “Total Deductions” field is removed. It is a required field and the value must be entered manually.
- The following search fields are removed on the eCPR online form under the project Information section: Project Number, Contract ID, and Awarding Body.
- DIR Project ID is now the only required search field that will be used to retrieve the Project Information for both eCPR online form, and XML upload.
- The “Contract With” field under the Project Information section is now a drop-down list. The Agency/Contractor that hired you for a project can be selected from the drop-down. You may also manually enter the “Contract With” value if the Agency/Contractor you are looking isn’t found in the drop-down.

3. System Requirements

The eCPR application supports Internet Explorer 9, 10, and latest versions of Chrome, Firefox, and Safari. There is no additional software required.

4. eCPR Home Page

- To get started with the eCPR application process, go to the following website:
 1. <https://efiling.dir.ca.gov/eCPR/pages/home.jsp>
- There are 2 ways to submit eCPRs:
 1. Click “Enter your CPRs manually using the iForm” to use the eCPR form.
 2. Click “Browse” to upload an XML file.

5. Online eCPR Form

- The online eCPR form can be used to create and submit certified payroll records electronically.
- Form features:
 1. Contractor Information
 - a. This section of the online eCPR form contains mandatory information related to the contractor the payroll is for.
 - b. A unique FEIN (Federal Employer Identification Number) is required in order to begin the process of submitting an online ECPR payroll form
 2. Project Information
 - a. Unique project information is required in order to submit payroll records
 - b. If key fields are unknown in order to complete the mandatory project information, a link is provided to the Public Works Project Registration Database (PWC-100).
 3. Payroll Information
 - a. Payroll data including employee information, payroll deductions, contributions and payments are required in order to submit an online eCPR form.
- To access the online eCPR form:
 1. Click “Enter your CPRs manually using the iForm”

The screenshot shows the website for the State of California Department of Industrial Relations. The header includes the CA.GOV logo, the department name, and navigation links for Home, Labor Law, Cal/OSHA - Safety & Health, Workers' Comp, Self Insurance, Apprenticeship, Director's Office, and Boards. A search bar is also present. The main content area is titled 'Public Works - eCPR System' and features a section for 'eCPR System - XML Upload'. This section includes a 'Choose your XML files to upload' area with a 'Select file to upload:' field and a 'Browse...' button. Below this is an 'Upload' button. A question 'Would you prefer to:' is followed by two radio button options: 'Learn how to upload CPRs in XML' and 'Enter your CPRs manually using the iForm'. A red arrow points to the second option. The footer contains three columns of links: 'About DIR' (Who we are, DIR Divisions, Boards & Commissions, Contact DIR), 'Work with Us' (Licensing, registrations, certifications & permits, Notification of activities, Public Records Act), and 'Learn More' (Site Map, Frequently Asked Questions, Jobs at DIR).

5.1 Online eCPR Form Contractor Information

- The Contractor Information section of the online eCPR form is displayed.

Public Works

 eCPR System - Online Form

By entering information on this page, you understand that you are in position with the authority to act for and on behalf of the business or contractor, certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, direct deposit of other forms to the individuals named.

Contractor Information

Contractor FEIN: License Type: License Number:

Contractor Name: Contractor PWCR:

Contractor Address:

Street: City: State: Zip:

Insurance Number: Contractor Email:

[Add New Contractor](#)

1.1 08132015

- To proceed with the online eCPR form: Populate a FEIN (Federal Employer Identification Number) in the “Contractor FEIN” field. Move on to the next field by pressing the “Tab” key or mouse click.

Public Works

 eCPR System - Online Form

By entering information on this page, you understand that you are in position with the authority to act for and on behalf of the business or contractor, certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, direct deposit of other forms to the individuals named.

Contractor Information

Contractor FEIN: License Type: License Number:

Contractor Name: Contractor PWCR:

Contractor Address:

Street: City: State: Zip:

Insurance Number: Contractor Email:

[Add New Contractor](#)

- The eCPR form will automatically check the FEIN in the system. If the FEIN is found in the system, the remaining Contractor information will be displayed.

Public Works

 eCPR System - Online Form

By entering information on this page, you understand that you are in position with the authority to act for and on behalf of the business or contractor, certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, direct deposit of other forms to the individuals named.

Contractor Information

Contractor FEIN: License Type: License Number:

Contractor Name: Contractor PWCR:

Contractor Address:

Street: City: State: Zip:

Insurance Number: Contractor Email:

- If the FEIN doesn't exist in the system, the remaining mandatory fields highlighted in yellow will be required in order to submit a payroll record.

Public Works

 eCPR System - Online Form

By entering information on this page, you understand that you are in position with the authority to act for and on behalf of the business or contractor, certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, direct deposit of other forms to the individuals named.

Contractor Information

Contractor FEIN: License Type: License Number:

Contractor Name: Contractor PWCR:

Contractor Address:

Street: City: State: Zip:

Insurance Number: Contractor Email:

This contractor does not yet exist in the eCPR Database. You must click the "Add New Contractor" button to add it to the database.

- Tab to populate each field. When all required fields are populated click “Add New Contractor”

Public Works

eCPR System - Online Form

By entering information on this page, you understand that you are in position with the authority to act for and on behalf of the business or contractor, certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, direct deposit of other forms to the individuals named.

Contractor Information

Contractor FEIN: License Type: License Number:

Contractor Name: Contractor PWCR:

Contractor Address:

Street: City: State: Zip:

Insurance Number: Contractor Email:

This contractor does not yet exist in the eCPR Database. You must click the "Add New Contractor" button to add it to the database.

[Add New Contractor](#)

5.2 Online eCPR Form Project Information

- Once the Contractor Information section is completed, the Project Information section will appear.

Project Information

Select a DIR Project ID from the dropdown list...

DIR Project ID: [DIR Project ID Lookup](#)

- You will at least need to populate the DIR Project ID field in order to complete the Project Information Section.
- If you do not know the DIR Project ID click on the [DIR Project ID Lookup](#) link. This link will open a new window for you in the Public Works Project Registration Database (PWC-100) application.

- Enter as many attributes of the project as you know (Project Name, Project Number, Award Date, City, etc.) and hit search. Here we know the Awarding Body Name is 'City of DIR'.

Home | Search PWC-100

Public Search Utility

Awarding Body Name

Name of Project

Name of Contractor **Contractor Number**

Name of Subcontractor **Subcontractor Number**

First Advertised Bid Date **Contract Amount** **Project Award Date** **Estimate Start Date**

Estimated Completion Date **Classification of Workers:**

Physical Address Address Location

Address Line 1

Address Line 2

City **State** **Zip Code** **Mail Stop** **County**

Sort By

- On the Search Results screen you will find the DIR Project ID

Home | Search PWC-100 | Search Results

Select the ID number below to see more information about the project.

SEARCH RESULTS

Click the DIR Project ID to see more information about the project.

ID	Awarding Body	Project Name	Contractor	Sub Contractor	Site Address	Dates	Classification	County
Project Number: 321 DIR Project ID: 15501	Test Only City of DIR	123	Name: TORBERSON CONSTRUCTION CSLB/Certificate Number: 321123	Name: - CSLB/Certificate Number: -	123 Main Street Sacramento, CA 95825	Advertised: 02/03/2015 Award: 03/12/2015 Est. Start: 02/10/2015 Est. Comp: 04/30/2015	CARPENTERS LABORERS OPERATING ENG	SACRAMENTO
Project Number: 100-100 DIR Project ID: 16339	Test Only City of DIR	Butte College Test	Name: TEICHERT CONSTRUCTION CSLB/Certificate Number: 8	Name: - CSLB/Certificate Number: -	125 Butte College District Road Oroville, CA 95655	Advertised: 03/01/2015 Award: 03/16/2015 Est. Start: 03/03/2015 Est. Comp: 03/03/2015	CARPENTERS GLAZIERS	BUTTE
Project Number: 0987 DIR Project ID: 13110	City of DIR	Natomas DIR Building	Name: ZYZ CONSULTING INC CSLB/Certificate Number: C36294	Name: - CSLB/Certificate Number: -	natomas	Advertised: 06/01/2015 Award: 01/01/2015 Est. Start: 07/01/2015 Est. Comp: 12/12/2015	ASBESTOS SURVEYORS	SACRAMENTO

- Go back to the Online ECPR payroll form and fill in the DIR Project ID from the PWC-100 search results. Hit tab and the Project information will display.

Project Information

Select a DIR Project ID from the dropdown list...

DIR Project ID: x

- If the project isn't found, a message will be displayed to the user indicating that the project must first be registered in the PWC-100. This is the link to the Public Works Project Registration Database (PWC-100): <https://www.dir.ca.gov/pwc100ext/>

- If the project is found in the database, the form will automatically display the “Project ID” and the “Project Detail” section.
- Click “Add New Project” if the project doesn’t exist in the eCPR database yet.

Project Information

DIR Project ID: 11051 [DIR Project ID Lookup](#)

Project Detail:

Awarding Body: DIR EDI TEST

Project Name: EDI NOT A PROJECT TEST

Street: JONES HIGH SCHOOL 123 5TH ST City: SACRAMENTO County: AMADOR State: CA Zip: 95231

Description:

This project does not yet exist in the eCPR Database for this Contractor. You must click the "Add New Project" button to add it to the database.

Add New Project

- Once the “Project Detail” is displayed, select the agency/contractor that hired you from the “Contract With” drop-down list. You can also enter the value if the agency/contractor isn’t found on the list. Please use the drop-down list to avoid entering duplicate names.

Project Information

DIR Project ID: 11051 [DIR Project ID Lookup](#)

Project Detail:

Awarding Body: DIR EDI TEST Contract With: **HAPPY UIE**

Project Name: EDI NOT A PROJECT TEST

Street: JONES HIGH SCHOOL 123 5TH ST City: SACRAMENTO County: AMADOR State: CA Zip: 95231

Description:

You have not yet associated the project to the value entered in the "Contract With" field. You must click the "Connect to Project" button to make this association.

Connect To Project

The “Contract With” drop-down list is pre-populated using the following:

1. The prime contractor and any sub-contractors listed under the project in PWC-100.
2. The “Contractor” submitting the certified payroll records (yourself).
3. The “Contract With” values entered by other contractors working on the same project.

Note: It is critical that the Agency/Contractor is entered correctly as it is used to drive the “Payroll Number/Amendment” number for all CPR. If the Agency isn’t entered correctly, the CPR will be counted as a new branch of payroll not related to the Agency.

- “Connect To Project” button will appear if you haven’t yet associated the agency/contractor that hired you in the “Contract With” field for a project. Click the button to confirm. This is a one-time process for each project.

Project Information

DIR Project ID: [DIR Project ID Lookup](#)

Project Detail:

Awarding Body: Contract With: x

Project Name:

Street: City: County: State: Zip:

Description:

You have not yet associated the project to the value entered in the "Contract With" field. You must click the "Connect to Project" button to make this association.

Connect To Project

“Connect To Project” creates a relationship between the contractor (yourself), project and the agency/contractor selected or entered under the “Contract With” drop-down.

5.3 eCPR Payroll Information

- Once the Project Information section is completed, the Payroll Information section will appear.

Payroll Information

Check here if this is a statement of non-performance For Week Ending:

I, , the undersigned, am the (position in business) with the authority to act for and on behalf of (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

0.7 03252015 Date

- If it's a statement of non-performance, select the Non-Performance "checkbox".

Payroll Information

Check here if this is a statement of non-performance For Week Ending:

I, , the undersigned, am the (position in business) with the authority to act for and on behalf of (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

0.7 03252015 Date

Confirmation dialog box will pop up. Please click "Yes" to confirm, or "Cancel" to uncheck the box. **If the box is simply closed without clicking "Yes", or "Cancel", the submission will not be accepted.**

Project Information

Select a DIR Project ID from the dropdown list...

DIR Project ID: 11051

Project Detail:

Awarding Body: DIR EDI TEST

Project Name: EDI NOT A PROJECT TEST

Street: JONES HIGH SCHOOL 123 5TH ST

Description:

State: CA Zip: 95231

Payroll Information

Check here if this is a statement of non-performance For Week Ending:

2.5 12172015

Confirmation

Selecting this option will delete any employee payroll records you have entered. Is this what you want to do?

- Week ending day can be selected from built-in calendar or by manually entering the date in the following format: mm/dd/yy. Employee and Payroll Information are not required for a statement of non-performance.

Payroll Information

Check here if this is a statement of non-performance For Week Ending:

I, , the undersigned, am the (position in business) with the authority to act for and on behalf of (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

0.7 03252015 Date

January						
S	M	T	W	T	F	S
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7
2014			2015	2016		

- Once the form has been signed, the “Submit” button will appear. Submit your eCPR form by click the “Submit” button.

Payroll Information

Check here if this is a statement of non-performance For Week Ending: 5 Apr 2015 Payroll Number: 1 - 0 **Amendment Number**

I, JOHN SMITH, the undersigned, am the SECRETARY (position in business) with the authority to act for and on behalf of HAPPY CARRIER (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 04/05/2015 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

2015-05-12

0.7 03252015 Date

- If non-performance is not applicable, leave this box unchecked.
- Enter the Week Ending Day.
- After entering Week Ending Day, the Employee Information and Payroll section appears.

Payroll Information

Check here if this is a statement of non-performance For Week Ending: Payroll Number: 3 - 0 Employee: of 1

Employee Information and Payroll											
Name, Address and Social Security Number of Worker		Number of Withholding	Work Week							Gross Amount Earned	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat	This Project	All Work
		Work Classification	Date							Total Hours	Hourly Pay Rate
12/06	12/07		12/08	12/09	12/10	12/11	12/12				
		Hour Worked Each Day									
Name:		Straight Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Street:			Overtime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
City:				Double Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00
State:											
Zip:											
SSN:											
Deductions, Contributions, and Payments										Net Wages Paid For Week	Check Number
Federal Tax	FICA	State Tax	SDI	Vacation/Holiday	Health/Welfare	Pension					
Training	Fund/Admin	Dues	Travel/Subs	Savings	Other	Total Deductions					
	0.00	0.00	0.00	0.00	0.00						

NOTE: Maximum length 256 characters

[Remove Employee](#)

[Add Employee](#)

[<<](#) [>>](#)

- Enter Number of Withholding and the Work Classification (i.e. Fence Erector, Telecommunications Technician, Metal Roofing Systems Installer, etc.)
- In the “Employee Name” field, enter an employee name.
- Street, City, State, ZIP, and SSN of the employee will need to be completed.

Employee Information and Payroll											
Name, Address and Social Security Number of Worker		Number of Withholding 2	Work Week							Gross Amount Earned	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat	This Project	All Work
		Work Classification PAINTER	Date								
			12/06	12/07	12/08	12/09	12/10	12/11	12/12		
		Hour Worked Each Day							Total Hours	Hourly Pay Rate	
Name:	JOHN SMITH	Straight Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Street:	111 POWELL										
City:	SAN FRANCISCO	Overtime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
State:	CA										
Zip:	94102	Double Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
SSN:	111111111										
Deductions, Contributions, and Payments										Net Wages Paid For Week	Check Number
Federal Tax	FICA	State Tax	SDI	Vacation/Holiday	Health/Welfare	Pension					
Training	Fund/Admin	Dues	Travel/Subs	Savings	Other	Total Deductions					
	0.00	0.00	0.00	0.00	0.00						

NOTE: Maximum length 256 characters

- Fill in the remaining Payroll Information for the employee.

Payroll Information

Check here if this is a statement of non-performance For Week Ending: 12 Dec 2015 Payroll Number: 3 - 0 Employee: 1 of 1

Employee Information and Payroll											
Name, Address and Social Security Number of Worker		Number of Withholding 2	Work Week							Gross Amount Earned	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat	This Project	All Work
		Work Classification PAINTER	Date								
			12/06	12/07	12/08	12/09	12/10	12/11	12/12	1,500.00	1,500.00
		Hour Worked Each Day							Total Hours	Hourly Pay Rate	
Name:	JOHN SMITH	Straight Time	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	37.50
Street:	111 POWELL										
City:	SAN FRANCISCO	Overtime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
State:	CA										
Zip:	94102	Double Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SSN:	111111111										
Deductions, Contributions, and Payments										Net Wages Paid For Week	Check Number
Federal Tax	FICA	State Tax	SDI	Vacation/Holiday	Health/Welfare	Pension					
120.00	0.00	100.00	0.00	0.00	0.00	0.00					
Training	Fund/Admin	Dues	Travel/Subs	Savings	Other	Total Deductions	1,280.00		check11a		
0.00	0.00	0.00	0.00	0.00	0.00	220.00					

- The “Note” field can be used to add a free form supplemental descriptive information for each employee’s payroll, but it isn’t mandatory and can be left blank.

Payroll Information

Check here if this is a statement of non-performance For Week Ending: 12 Dec 2015 Payroll Number: 3 - 0 Employee: 1 of 1

Employee Information and Payroll																
Name, Address and Social Security Number of Worker		Number of Withholding	Work Week							Gross Amount Earned						
			Sun	Mon	Tue	Wed	Thu	Fri	Sat	This Project	All Work					
		Work Classification	Date									Total Hours	Hourly Pay Rate			
		2														
		PAINTER	12/06	12/07	12/08	12/09	12/10	12/11	12/12	1,500.00	1,500.00					
			Hour Worked Each Day													
Name:	JOHN SMITH	Straight Time	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	37.50					
Street:	111 POWELL															
City:	SAN FRANCISCO	Overtime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
State:	CA															
Zip:	94102	Double Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
SSN:	111111111															
Deductions, Contributions, and Payments										Net Wages Paid For Week	Check Number					
Federal Tax	FICA	State Tax	SDI	Vacation/Holiday	Health/Welfare	Pension	120.00	0.00	100.00			0.00	0.00	0.00	1,280.00	check11a
Training	Fund/Admin	Dues	Travel/Subs	Savings	Other	Total Deductions	0.00	0.00	0.00			0.00	0.00	220.00		
NOTE: Maximum length 256 characters																
THIS IS A SAMPLE TEXT																

- To add additional employees:
 - Add additional employees by clicking “Add Employee” to create blank payroll for the next employee.

Payroll Information

Check here if this is a statement of non-performance For Week Ending: 12 Dec 2015 Payroll Number: 3 - 0 Employee: 1 of 1

Employee Information and Payroll														
Name, Address and Social Security Number of Worker		Number of Withholding	Work Week							Gross Amount Earned				
			Sun	Mon	Tue	Wed	Thu	Fri	Sat	This Project	All Work			
		2	Date									1,500.00	1,500.00	
PAINTER			12/06	12/07	12/08	12/09	12/10	12/11	12/12					
			Hour Worked Each Day							Total Hours	Hourly Pay Rate			
Name:	JOHN SMITH	Straight Time	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	37.50			
Street:	111 POWELL													
City:	SAN FRANCISCO	Overtime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
State:	CA													
Zip:	94102	Double Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
SSN:	111111111													
Deductions, Contributions, and Payments										Net Wages Paid For Week	Check Number			
Federal Tax	FICA	State Tax	SDI	Vacation/Holiday	Health/Welfare	Pension	120.00	0.00	100.00			0.00	0.00	0.00
Training	Fund/Admin	Dues	Travel/Subs	Savings	Other	Total Deductions	0.00	0.00	0.00	0.00	0.00	220.00	1,280.00	check11a

NOTE: Maximum length 256 characters
THIS IS A SAMPLE TEXT

Remove Employee

Add Employee

<< >>

2. As with previous employee, populate all required fields highlighted in yellow.

Employee Information and Payroll											
Name, Address and Social Security Number of Worker		Number of Withholding	Work Week							Gross Amount Earned	
		2	Sun	Mon	Tue	Wed	Thu	Fri	Sat		
		Work Classification	Date							This Project	All Work
		ORGANZIER	12/06	12/07	12/08	12/09	12/10	12/11	12/12	1,200.00	1,200.00
		Hour Worked Each Day							Total Hours	Hourly Pay Rate	
Name:	NICOLE SMITH	Straight Time	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	30.00
Street:	585 BEACH SAN FRANCISCO										
City:	SAN FRANCISCO	Overtime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
State:	CA										
Zip:	94104	Double Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SSN:	111222333										
Deductions, Contributions, and Payments									Net Wages Paid For Week	Check Number	
Federal Tax	FICA	State Tax	SDI	Vacation/Holiday	Health/Welfare	Pension					
80.00	0.00	40.00	0.00	0.00	0.00	0.00			1,080.00	check11b	
Training	Fund/Admin	Dues	Travel/Subs	Savings	Other	Total Deductions					
0.00	0.00	0.00	0.00	0.00	0.00	120.00					
NOTE: Maximum length 256 characters											
<div style="display: flex; justify-content: space-between; align-items: center;"> Remove Employee Add Employee << >> </div>											

3. Add additional employees by clicking “Add Employee” to create blank payroll for the next employee.
4. Repeat these steps as many times as needed to insert employees.

- To edit any of the employees entered:
 - Flip to the payroll screen of the employee to be edited by clicking “<<” or “>>” button.

Employee Information and Payroll												
Name, Address and Social Security Number of Worker		Number of Withholding	Work Week							Gross Amount Earned		
		2	Sun	Mon	Tue	Wed	Thu	Fri	Sat			
		Work Classification	Date							This Project	All Work	
		ORGANZIER	12/06	12/07	12/08	12/09	12/10	12/11	12/12	1,200.00	1,200.00	
		Hour Worked Each Day							Total Hours	Hourly Pay Rate		
Name:	NICOLE SMITH	Straight Time	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	30.00	
Street:	585 BEACH SAN FRANCISCO											
City:	SAN FRANCISCO	Overtime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
State:	CA											
Zip:	94104	Double Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
SSN:	111222333											
Deductions, Contributions, and Payments										Net Wages Paid For Week	Check Number	
Federal Tax	FICA	State Tax	SDI	Vacation/Holiday	Health/Welfare	Pension						
80.00	0.00	40.00	0.00	0.00	0.00	0.00						
Training	Fund/Admin	Dues	Travel/Subs	Savings	Other	Total Deductions					1,080.00	check11b
0.00	0.00	0.00	0.00	0.00	0.00	120.00						
NOTE: Maximum length 256 characters												
Remove Employee										 << >>		
Add Employee												

2. Alternatively, the user can jump through employees by manually entering the “employee number”.

Payroll Information

Check here if this is a statement of non-performance For Week Ending: 12 Dec 2015 Payroll Number: 3 - 0 Employee: 2 of 2

Employee Information and Payroll																		
Name, Address and Social Security Number of Worker		Number of Withholding	Work Week							Gross Amount Earned								
			Sun	Mon	Tue	Wed	Thu	Fri	Sat	This Project	All Work							
		Work Classification	Date							Total Hours	Hourly Pay Rate							
		2										12/06	12/07	12/08	12/09	12/10	12/11	12/12
		ORGANIZER	Hour Worked Each Day															
Name:	NICOLE SMITH	Straight Time	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	30.00							
Street:	585 BEACH SAN FRANCISCO		Overtime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00						
City:	SAN FRANCISCO	Double Time		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00						
State:	CA																	
Zip:	94104																	
SSN:	111222333																	
Deductions, Contributions, and Payments										Net Wages Paid For Week	Check Number							
Federal Tax	FICA	State Tax	SDI	Vacation/Holiday	Health/Welfare	Pension	80.00	0.00	40.00			0.00	0.00	0.00				
Training	Fund/Admin	Dues	Travel/Subs	Savings	Other	Total Deductions	0.00	0.00	0.00	0.00	0.00	120.00	1,080.00	check11b				

NOTE: Maximum length 256 characters

Remove Employee

Add Employee

<< >>

3. Modify any field in the payroll screen of the employee.
4. To remove an employee, click the **“Remove Employee”** to remove the employee from the form.

Payroll Information

Check here if this is a statement of non-performance For Week Ending: 12 Dec 2015 Payroll Number: 3 - 0 Employee: 2 of 2

Employee Information and Payroll											
Name, Address and Social Security Number of Worker		Number of Withholding 2	Work Week							Gross Amount Earned	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat	This Project	All Work
Name: NICOLE SMITH		Work Classification ORGANIZER	Date							1,200.00	1,200.00
Street: 585 BEACH SAN FRANCISCO			12/06	12/07	12/08	12/09	12/10	12/11	12/12		
City: SAN FRANCISCO		Hour Worked Each Day							Total Hours	Hourly Pay Rate	
State: CA		Straight Time	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	30.00
Zip: 94104		Overtime	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SSN: 111222333		Double Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Deductions, Contributions, and Payments								Net Wages Paid For Week	Check Number		
Federal Tax	FICA	State Tax	SDI	Vacation/Holiday	Health/Welfare	Pension					
80.00	0.00	40.00	0.00	0.00	0.00	0.00					
Training	Fund/Admin	Dues	Travel/Subs	Savings	Other	Total Deductions	1,080.00	check11b			
0.00	0.00	0.00	0.00	0.00	0.00	120.00					

NOTE: Maximum length 256 characters

Remove Employee 

Add Employee << >>

5. Repeat these steps as many times as needed to edit or remove employees.

- After all payroll records are entered for all employees, complete the “Certification” section and click “Click to Sign”.

Note: once the form is signed, the form can’t be edited.

I, JOHN SMITH, the undersigned, am the SECRETARY (position in business) with the authority to act for and on behalf of HAPPY CARRIER (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 04/12/2015 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

ACCEPTED 2015-08-14 **Submit**

1.1 08132015 Date

- Click “Submit” to finish the process. If there is mandatory data missing from the form you cannot click the submit button and process the payroll(s).

- If you page to the top of the form you will find the following error warning:

Unable to submit payroll because one or more fields contain invalid data. Problem items are denoted by red or yellow backgrounds. Please review the data you have entered and fix and invalid items before retrying your submission. x

- After each successful submission, a confirmation page is displayed and can be printed out.

[Public Works](#)

eCPR System - Online Form

eCPR Online Submission

Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at eCPR@dir.ca.gov.

Contractor Name: HAPPY CARRIER
Contractor Address: 999 CARRIER RD OAKLAND CA 94612
Awarding Body: DIR EDI TEST
Project ID: 11051
Contract With: CA-DIR
Week Ending Date: 2015-04-12
Payroll Number: 3
Amendment Number: 0

2 employee payroll record(s) processed

Your Transaction ID is: 47

[Print this Page](#)



[View your submission](#)

[Submit another set of payroll records](#)

- If you would like to retain the information you enter in the online eCPR form, click the pdf icon to generate the pdf version of your payroll submission prior to closing the window. The information entered will not be saved or retrievable for future access.

[Public Works](#)

eCPR System - Online Form

eCPR Online Submission

Your payroll submission request has been processed.

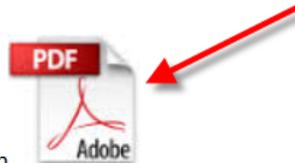
Please review the results of your submission. Should you have any questions please contact the eCPR unit at eCPR@dir.ca.gov.

Contractor Name: HAPPY CARRIER
Contractor Address: 999 CARRIER RD OAKLAND CA 94612
Awarding Body: DIR EDI TEST
Project ID: 11051
Contract With: CA-DIR
Week Ending Date: 2015-04-12
Payroll Number: 3
Amendment Number: 0

2 employee payroll record(s) processed

Your Transaction ID is: 47

[Print this Page](#)



[View your submission](#)

[Submit another set of payroll records](#)

5.4 Submitting Corrections

- Once you have submitted a payroll record you may make any corrections to the submitted form.
- For the IFORM submission you must rekey all the original employee input information with the corrected fields updated. You need only resubmit the employee payroll records which need correction.

6. XML Upload

- Certified Payroll Records can be imported using an XML file. The CPR in XML format must strictly follow the guidelines provided in eCPR XML Guidelines. For more details, click “Learn how to upload CPRs in XML”

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eCPR System - XML Upload

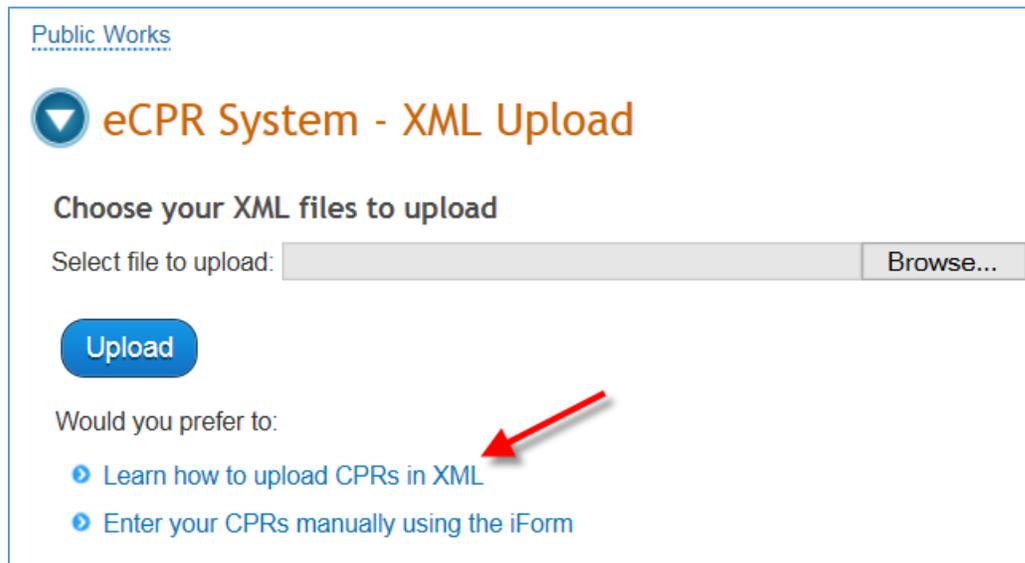
Choose your XML files to upload

Select file to upload: Browse...

Upload

Would you prefer to:

- [Learn how to upload CPRs in XML](#)
- [Enter your CPRs manually using the iForm](#)



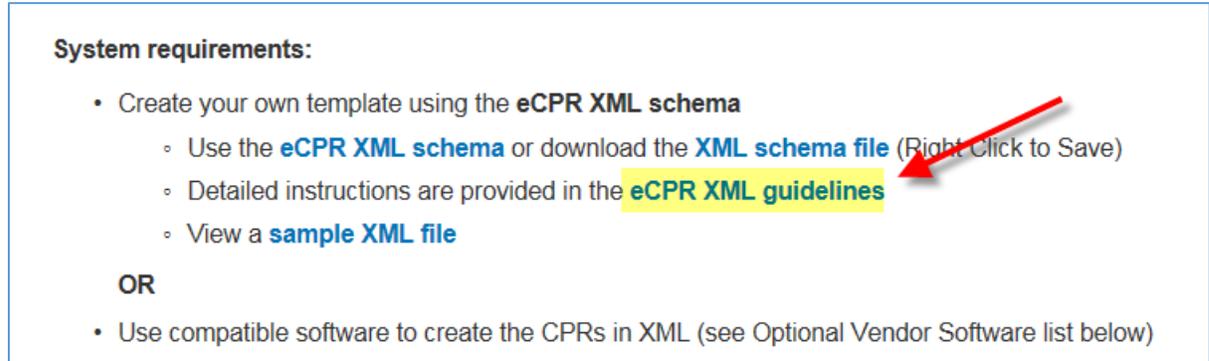
- Under System requirements, click “eCPR XML guidelines” to download the guide.

System requirements:

- Create your own template using the **eCPR XML schema**
 - Use the **eCPR XML schema** or download the **XML schema file** (Right Click to Save)
 - Detailed instructions are provided in the **eCPR XML guidelines**
 - View a **sample XML file**

OR

- Use compatible software to create the CPRs in XML (see Optional Vendor Software list below)



- To import the XML file:
 1. Go to the eCPR Home Page:
 2. Click “Browse” to browse to select an XML file of your choice

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eCPR System - XML Upload

Choose your XML files to upload

Select file to upload:

Would you prefer to:

- [Learn how to upload CPRs in XML](#)
- [Enter your CPRs manually using the iForm](#)

3. Once the XML file has been selected, click “Upload” to process the file.

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eCPR System - XML Upload

Choose your XML files to upload

Select file to upload:

Would you prefer to:

- [Learn how to upload CPRs in XML](#)
- [Enter your CPRs manually using the iForm](#)

- The uploaded XML file will be validated.
- If the validation passes edits, the “eCPR XML Validation Success” page will be displayed. Click on the link to load the XML into the online eCPR form and Follow the instructions as provided.

Public Works

Electronic Certified Payroll Records

eCPR XML Validation Success

The XML file you have provided contains valid data.

To process your payroll file, please complete the following steps:

Step 1.... Click here to [load the xml into the OnLine eCPR form](#)

Step 2.... If you are a new contractor, click the "Add New Contractor" button to create your contractor record

Step 3.... If this is a new project, click the "Add New Project" button to create the project record

Step 4.... If you have not yet associated the project with the value you have entered in the "Contract With" field, click the "Connect To Project" button

Step 5.... Sign the OnLine form by clicking the "Click to Sign" button at the bottom of the page

Step 6.... Submit the payroll information by clicking the "Submit" button that appears after signing the form

- All Contractor, Project and Payroll information will then be displayed in readable eCPR Online Form format.

Contractor Information

Contractor FEIN: License Type: License Number:

Contractor Name: Contractor PWCR:

Contractor Address:

Street: City: State: Zip:

Insurance Number: Contractor Email:

This contractor does not yet exist in the eCPR Database. You must click the "Add New Contractor" button to add it to the database.

[Add New Contractor](#)

Project Information

DIR Project ID: [DIR Project ID Lookup](#)

Project Detail:

Awarding Body: Contract With:

Project Name:

Street: City: County: State: Zip:

Description:

This project does not yet exist in the eCPR Database for this Contractor. The awarding body, which is the public agency owner, will need to submit the project award information into the PWC 100 database.

[Add New Project](#)

Employee Information and Payroll											
Name, Address and Social Security Number of Worker		Number of Withholding	Work Week							Gross Amount Earned	
		0	Mon	Tue	Wed	Thu	Fri	Sat	Sun	This Project	All Work
		Work Classification	Date								
		FLYER	01/03	01/04	01/05	01/06	01/07	01/08	01/09	3,000.00	5,000.00
		Hour Worked Each Day							Total Hours	Hourly Pay Rate	
Name:	PETER PAN	Straight Time	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	44.00
Street:	66 WONDERLAND ROAD										
City:	WONDER CITY	Overtime	0.00	0.00	4.00	0.00	0.00	0.00	0.00	0.00	55.00
State:	CA										
Zip:	12345	Double Time	0.00	0.00	2.00	0.00	0.00	0.00	0.00	2.00	66.00
SSN:	100431333										
Deductions, Contributions, and Payments										Net Wages Paid For Week	Check Number
Federal Tax	FICA	State Tax	SDI	Vacation/Holiday	Health/Welfare	Pension					
300.00	20.00	20.00	10.00	10.00	10.00	70.00					
Training	Fund/Admin	Dues	Travel/Subs	Savings	Other	Total Deductions					
0.00	0.00	0.00	0.00	70.00	0.00	90.00					
NOTE: <i>Maximum length 256 characters</i>											
This is a sample text											
Remove Employee											
Add Employee										<<	>>
<p>I, <input type="text"/>, the undersigned, am the <input type="text"/> (position in business) with the authority to act for and on behalf of <input type="text"/> (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 02/01/2015 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.</p>											
Click to Sign											
2.5 12212015		Date									

- If you are a new contractor, click the “Add New Contractor” button.

Tip: Hover cursor over the field for more information.

Contractor Information

Contractor FEIN: License Type: License Number:

Contractor Name: Contractor PWCR:

Contractor Address:

Street: City: State: Zip:

Insurance Number: Contractor Email:

This contractor does not yet exist in the eCPR Database. You must click the "Add New Contractor" button to add it to the database.

[Add New Contractor](#)

- If the project doesn't exist in the eCPR database, click the "Add New Project" button.

Project Information

DIR Project ID: [DIR Project ID Lookup](#)

Project Detail:

Awarding Body: Contract With:

Project Name:

Street: City: County: State: Zip:

Description:

This project does not yet exist in the eCPR Database for this Contractor. The awarding body, which is the public agency owner, will need to submit the project award information into the PWC 100 database.

Add New Project

- "Connect To Project" button will appear if you haven't yet associated the agency/contractor that hired you in the "Contract With" field for a project. Click the button to confirm. This is a one-time process for each project.

Project Information

DIR Project ID: [DIR Project ID Lookup](#)

Project Detail:

Awarding Body: Contract With:

Project Name:

Street: City: County: State: Zip:

Description:

You have not yet associated the project to the value entered in the "Contract With" field. You must click the "Connect To Project" button to make this association.

Connect To Project

Note: It is critical that the Agency/Contractor is entered correctly as it is used to drive the "Payroll Number/Amendment" number for all CPR. If the Agency isn't entered correctly, the CPR will be counted as a new branch of payroll not related to the Agency.

- You can also select the agency/contractor that hired you from the “Contract With” drop-down list.

Project Information

DIR Project ID: 9 [DIR Project ID Lookup](#)

Project Detail:

Awarding Body: COUNTY OF SAN BERNARDINO Contract With: CA-DIR
 H&A ELECTRIC
 ROADWAY ENGINEERING & CONTRACTING INC

Project Name: ROTARY WAY INTERSECTION IMPROVEMENTS

Street: City: County: SAN BERNARDINO State: Zip:

Description: AT STATE HIGHWAY 62, IN THE UNINCORPORATED JOSHUA TREE AREA

You have not yet associated the project to the value entered in the "Contract With" field. You must click the "Connect To Project" button to make this association.

[Connect To Project](#)

The “Contract With” drop-down list is pre-populated using the following:

1. The prime contractor and any sub-contractors listed under the project in PWC-100.
2. The “Contractor” submitting the certified payroll records (yourself).
3. The “Contract With” values entered by other contractors working on the same project.

- Complete the “Certification” section and click “Click to Sign”.

Note: once the form is signed, the form can’t be edited.

I, ANDY, the undersigned, am the SECRETARY (position in business) with the authority to act for and on behalf of H&A ELECTRIC (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 02/01/2015 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

[ACCEPTED](#) 2015-08-17

1.1 08132015 Date

[Submit](#)

- Click “Submit” to finish the process.

- After each successful submission, a confirmation page is displayed and can be printed out.
- If you would like to retain the information you enter in the online eCPR form, click the pdf icon to generate the pdf version of your payroll submission prior to closing the window. The information entered will not be saved or retrievable for future access.

[Public Works](#)

eCPR System - Online Form

eCPR Online Submission

Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at eCPR@dir.ca.gov.

Contractor Name: H&A ELECTRIC
Contractor Address: 999 CARRIER RD OAKLAND CA 94612
Awarding Body: COUNTY OF SAN BERNARDINO
Project ID: 9
Contract With: CA-DIR
Week Ending Date: 2015-02-01
Payroll Number: 1
Amendment Number: 0

2 employee payroll record(s) processed

Your Transaction ID is: 63

[Print this Page](#)



[View your submission](#)

[Submit another set of payroll records](#)

- If the validation fails during XML upload, an error message will be displayed.

 **Electronic Certified Payroll Records**

eCPR XML Validation Error

The XML file you have provided contains invalid data.

Please review the following error:

cvc-pattern-valid: Value " is not facet-valid with respect to pattern '[0-9]{1,2}' for type '#AnonType_numWithholdingExempemployeeemployeespayrollInfoeCPR'.

You can either fix the problems in the XML file and upload it again.

OR

You may be able to [load the xml into the OnLine eCPR form](#).

There you fix your issues and then submit the payroll information.

- There are two options to correct the data and submit it again:
 1. Correct the data in the import XML file and upload it again.
 2. Load the data in the eCPR form and correct the problem areas using the Form. Electronically sign the form and click “submit”.

 **Electronic Certified Payroll Records**

eCPR XML Validation Error

The XML file you have provided contains invalid data.

Please review the following error:

cvc-pattern-valid: Value " is not facet-valid with respect to pattern '[0-9]{1,2}' for type '#AnonType_numWithholdingExempemployeeemployeespayrollInfoeCPR'.

You can either fix the problems in the XML file and upload it again.

OR

You may be able to [load the xml into the OnLine eCPR form](#).

There you fix your issues and then submit the payroll information.

6.1 Submitting Corrections

- Once you have submitted a payroll record you may make any corrections to the submitted form.
- For the XML submission you must rekey all the original employee input information with the corrected fields updated. You need only resubmit the employee payroll records which need correction.