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			
	(mm/dd/yyyy)		(mm/dd/yyyy)		

1. Name of Labor Con	mpliance Pro	ogram (LCP) :					
2. LCP I.D. Number (assigned by DIR):			3. Date of Initial Approval:				
4. Contact person (inc.	lude name, t	itle, address, telephone, fax, and e-mail	, if available):				
5. Did LCP perform a	ny LC § 17'	71.5 enforcement activities during the 1	2 months in the reporting period?				
Please check one:	eck one:						
	□ No	If No, complete the information below.	sign the form and submit to DIR, Office of the 1515 Cla	ne Director, Attn: LCP Special Assistant, y Street, 17th Floor, Oakland CA 94612			
necessary)	you have for	the Department of Industrial Relations	to better assist you with your program in the	e coming year? (attach additional sheets if			
SUBMITTED BY:							
Si	ignature		Name and Title	Date			

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				1		
Project Name		ment Date	Prime Contractor		Contract Amount	
enalties assessed and	or recovered.					
Affected Contractor (who directly employed the worker)		Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation	
				□ Yes □ No		
				□ Yes □ No		
				□ Yes □ No		
				□ Yes □ No		
				□ Yes □ No		
				□ Yes □ No		
				☐ Yes ☐ No		
				□ Yes □ No		
	Affected Co (who directly en	(who directly employed the	Affected Contractor (who directly employed the Assessed	Affected Contractor (who directly employed the Assessed Recovered	Affected Contractor (who directly employed the worker) Amount Assessed Amount Recovered Amount Recovered Amount Recovered Amount Recovered Amount Recovered Amount Recovered Amount Requested from Labor Commissioner? Yes No Yes No Yes No Yes No Yes No Yes No Yes No	

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C. For any amour	nt identified in iter	m B for which	approval of fo	Amount	uested from	the Labor Commi	issioner, please	e explain below	•		
Project Name		Amount	Amount Assessed			Explanation					
Total											
D. For any amou	nt identified in ite	m B for which	approval of fo	orfeiture was rec	quested fron	n the Labor Comm	nissioner, pleas	se provide the fo	ollowing:		
Project		Amount	Amount Assessed				Amount Recovered				
Name	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total	
Total											
E. Identify cases	that are or were th	ne subject of LO	C § 1742 proc	eedings.							
Proj	ect Name		Contractor N		lature of Violation		ODL Case #		Current Status		
E Did vou refer (any contractor to t	he Lahor Comi	missioner for	debarment ner l	[C & 1777 1	7					
•	Yes			debarment per i	LC 9 1///.1	•					
Please check one:				1.() 6.6	1						
If yes, identify	affected contracte	or(s) or subcon	tractor(s) and	date(s) of refer	ral:						
7 Did vou refer	any apprenticeshi	n violation to th	ne Division of	f Annrenticeshir	n Standards ((DAS)?					
Please check one:	☐ Yes			трргениесын	p Standards ((2713).					
				data(a) of m-f							
ii yes, identify	affected contract	or(s) or subcon	iractor(s) and	uale(s) of refer	ral:						