



Certified Transcript of Payroll

IDOL Case File Number: _____ Payroll Start: _____

Payroll End: _____

Contractor and/or Subcontractor

Public Body Information

(Contract Number)

(Project Number)

(Project Location)

_____ (Company Name)	_____ (Contact Name)
_____ (Street Address)	_____ (City)
_____ (State) _____ (Zipcode)	_____ (Telephone Number)

_____ (Public Body Name)	_____ (Contact Name)
_____ (Street Address)	_____ (City)
_____ (State) _____ (Zipcode)	_____ (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number	PW	* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
	N													
	Labor Classification: _____ Hourly Fringe Benefit: Pension: _____ Health/Welfare: _____ Vacation: _____ Training: _____													
	N													
	Labor Classification: _____ Hourly Fringe Benefit: Pension: _____ Health/Welfare: _____ Vacation: _____ Training: _____													
	N													
	Labor Classification: _____ Hourly Fringe Benefit: Pension: _____ Health/Welfare: _____ Vacation: _____ Training: _____													

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**