



PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR: OR SUBCONTRACTOR:	CONTRACTOR'S LICENSE NO.:	ADDRESS:
	SPECIALITY LICENSE NO.:	

PAYROLL NO.:	FOR WEEK ENDING:	SELF-INSURED CERTIFICATE NO.:	PROJECT OR CONTRACT NO.:
	(4) DAY	(5)	(6)
	M T W TH F S S		
	DATE		
	HOURS WORKED EACH DAY		
		WORKERS' COMPENSATION POLICY NO.:	PROJECT AND LOCATION:

(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY							(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED		(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS							(9)				
			M	T	W	TH	F	S	S			THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/HOLIDAY	HEALTH & WELF.	PENSION	NET WGS PAID FOR WEEK	CHECK NO.			
			DATE																						
			HOURS WORKED EACH DAY																						
		S																							
		O																							
		S																							
		O																							
		S																							
		O																							
		S																							
		O																							

S = STRAIGHT TIME
O = OVERTIME
SDI = STATE DISABILITY INSURANCE

*OTHER - Any other deductions, contributions and/or payments whether or not included or required by prevailing wage determinations must be separately listed. Use extra sheet(s) if necessary