

**INSTRUCTIONS TO FILL-IN STATEMENT OF COMPLIANCE & DAGS-ECP FOR PAYROLL
AFFIDAVITS**

GENERAL:

IMPORTANT

The Name, Address, and the last four numbers of the persons Social Security number ONLY shall be indicated. An alternative could be to submit on a separate sheet of paper or attached Employee Information worksheet, all the addresses for the employees being submitted for. Inquire with contract officer should there be any question..

- A Contractor who intends to file electronic payrolls must first transmit/submit a certification form with the original digital signature along with the print form of the signature, and the title of an owner, partner, officer, or RME of the firm; or a member, if an LLC who has been elected to sign for all payroll affidavit forms. Compliance can be done via the Initial Statement of Compliance Form. Convert and Save to pdf format before use and for future submission verification use. Per Section 01322 - WebCM of the specifications, the method for transmission is subject to change. Digital Certificates are not presently required for Payroll Affidavit submission
- B Contractor will verify the authenticity of completeness of any subcontractor's payroll before submitting it to the contracting agency. Anyone using their own forms and/or software shall include ALL information noted herein.
- C All contractors and subcontractors will be required to have a vendor code that will be indicated on the Form DAGS-ECP v1. Any person or company being paid by the State already has a vendor code, but should verify if not known.
- D Timely filing will be indicated by the date of the electronic transmission of the payroll affidavits from the contractor to the contracting agency.
- E Besides the certification page with the original signature of the officer or owner, there shall be a cover page listing the fringe benefits paid by the employer for each classification used on the project. The contractor's signature shall certify that the benefit amounts were either transmitted to a third party fund, or paid in cash to the employee(s).
- F Falsification of a certified payroll will result in penalties as provided in HRS 104-3(c) and 104-22(b).
- G Cells with RED corner tabs have hints that can be read by putting your mouse on it.
- H Anyone electing to use another form or 3rd party software to produce the required documents should verify before submission, that all the information required is included before final submission.
- I. **USE OF DIGITAL SIGNATURES AND THE ELECTRONIC DIGITAL TRANSMISSION OF PAYROLL AFFIDAVIT FORMS TO THE CONTRACTING AGENCY ACCORDING TO ACT 177, HB 515, HRS §93-90 IS AUTHORIZED.**

STATEMENT OF COMPLIANCE

- 1 A statement shall be submitted during the time the contractor or subcontractor has started work on the project until the time they leave the project, whether or not work was done on any particular week.

IMPORTANT:

- 2 There is an initial and a weekly form that must be submitted when doing any payroll affidavit submissions period. **THOUGH NOT SHOWN ON THE PRE-COMMENCEMENT REQUIREMENTS, PLEASE SUBMIT THE INITIAL COMPLIANCE BEFORE STARTING ON THE PROJECT.**

DAGS-ECP v1

- 1 ALL PAYROLL AFFIDAVITS SHALL BE SUBMITTED IN A TIMELY MANNER AND ACCORDING TO THE PROVISIONS OF CHAPTER 104, THE WAGES AND HOURS OF EMPLOYEES ON PUBLIC WORKS LAW. THE ONLY WAIVER SHALL BE FOR MONTHLY ESTIMATES FOR PAYMENT WHERE A LAG FOR SUBMISSION OF NO LATER THAN A MONTH IN ARREARS WILL BE ALLOWED. ADDITIONAL PAY REQUESTS SHALL INDICATE A DEDUCTION FOR ANYONE NOT SUBMITTING THEIR AFFIDAVITS IN A TIMELY MANNER. A SEPARATE SHEET INDICATING THE INVOICE FOR PAYMENT SHALL BE INCLUDED AND DEDUCTED FROM THE MONTHLY ESTIMATE UNDER ADDITIONAL RETENTION..
- 2 The date the forms are transmitted or sent are to be indicated at the top-right of the sheet at space provided..
- 3 Indicate whether the originator of the form is a contractor or subcontractor with an X in the proper box
- 4 Indicate whether payment to all employees on the affidavit were made on the same day as that inserted on the right side of the line for each employee.

- 5 Insert the name of the company submitting the payroll affidavit
- 6 Indicate the sequential number of the payroll affidavit being submitted. This shall be a sequence of numbers from the initial payroll until the last notification of any payments made. Should there be a non-working week, a sequential number shall be submitted with no employee payments indicated.
- 7 Indicate the Week Ending date for the payroll affidavit being submitted.
- 8 Indicate the Location and the Project that the payroll is being submitted for. E.g. Lanai Library, Remote Sensing IT Sensors
- 9 Indicate the DAGS Job Number as the Project number
- 10 Indicate the Vendor Code number of the company submitting the payroll affidavits.
- 11 **The Name, Address, and the last four numbers of the persons Social Security number shall be indicated. An alternative could be to submit on a separate sheet of paper or attached Employee Information worksheet, all the addresses for the employees being submitted for. Inquire with contract officer should there be any question..**
- 12 Only the complete job classification from the applicable Wage Rate Schedule will be accepted. E.g. Electrician, Wire Installer; or Labor I or Labor II. This shall be in lieu of general titles. E.g. Electrician or Labor
- 13 Withholding exemptions is optional.
- 14 Indicate number of hours worked for either straight (S) and/or overtime (O).
- 15 Net Wages and Gross amount to 4 decimal places are for internal and software error correction.
- 16 Indicate the date the payment was made to the employee. Should all payments occur on the same date, then check the appropriate box at the top of the page.

Revised 12/05

(Rev. 12/05)

STATEMENT OF COMPLIANCE - Initial
(Certification Under Penalty of Perjury)

Date: at:

I, do certify under penalty of perjury:

- 1) That all of the information in this report is true and correct.
- 2) That I pay or supervise the payment of the persons employed by on the for all work in performance of our contract during the duration of the project; that all persons employed on said project will be paid the full weekly wages earned; that no rebates have been or will be made either directly or indirectly from the full wages earned by any person, other than permissible deductions, as described below:

FICA(Social Security), Medicare, Federal Income Taxes, State Income Taxes, State Disability (SDI), Court-ordered Wage Attachments.

- 3) That any payrolls otherwise under this contract required to be submitted are correct and complete; that the wage rate for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.
- 4) That any apprentices employed on the above project are duly registered in a bona fide apprenticeship program registered with, or recognized by, a state apprenticeship agency.

5) That:

a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to the appropriate programs for the benefit of such employees.

Following is a breakdown of the hourly fringe benefit contributions:

<u>Classification</u>	<u>Pension/Annuity</u>	<u>Health & Welfare</u>	<u>Vacation/Holiday</u>	<u>Training</u>	<u>Other</u>	<u>Total Fringes</u>

b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed on this project will be paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 5(c) below.

c) Exceptions

<u>Trade/Craft Classification</u>	<u>Explanation</u>

I reaffirm the intent of our company to comply with the requirements of HRS chapter 104, and all applicable federal and State laws during performance of the contract.

<u>Name</u>	<u>Title</u>

Signature and Date - INKED

Signature and Date - ELECTRONIC

STATE OF HAWAII

CERTIFIED PAYROLL REPORT

DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

Public Works Division

REPORT S

Name is of: Contractor:

Subcontractor:



THIS IS AN AMENDED FORM
PAYMENTS MADE ON SAME DAY TO ALL EMPLOYEES

NAME:

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION											PROJECT NO.						
34	June 29, 2005	CHERRY COURTHOUSE, FIX ROTTEN TREES											99-99-9999						
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	NO. OF WITHHOLDINGS EXEMPTIONS	WORK CLASSIFICATION	OT. OR ST.	DAY AND DATE							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	HOURLY DEDUCTION RATE					
				S	M	T	W	TH	F	S				FICA	FED. WITH-HOLDING TAX	STATE WITH-HOLDING TAX	MEDICARE	OTHER DEDUC.	TOTAL DEDUCTIONS
				HOURS WORKED EACH DAY															
John Doe		LABORER I	O	7.00	7.00	7.00	7.00	8.00	8.00	9.00	53.00	\$30.00	\$1,590.000	\$3.00	\$2.00	\$2.00	\$1.00	\$2.00	\$10.00
			S	8.00	8.00	8.00	8.00	8.00	8.00	8.00	56.00	\$45.00	\$2,520.000						
			T	15.00	15.00	15.00	15.00	16.00	16.00	17.00	109.00		\$4,110.000						
			O								0		\$0.000						\$0.00
			S									0	\$0.00	\$0.000					
			T	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		\$0.000						
			O								0		\$0.000						\$0.00
			S									0	\$0.00	\$0.000					
			T	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		\$0.000						
			O								0		\$0.000						\$0.00
			S									0	\$0.00	\$0.000					
			T	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		\$0.000						
			O								0		\$0.000						\$0.00
			S									0	\$0.00	\$0.000					
			T	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		\$0.000						
			O								0		\$0.000						\$0.00
			S									0	\$0.00	\$0.000					
			T	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		\$0.000						
			O								0		\$0.000						\$0.00
			S									0	\$0.00	\$0.000					
			T	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		\$0.000						
			O								0		\$0.000						\$0.00
			S									0	\$0.00	\$0.000					
			T	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		\$0.000						

(Rev. 12/05)

STATEMENT OF COMPLIANCE - With DAGS-ECP
(Certification Under Penalty of Perjury)

Date: at:

I, do certify under penalty of perjury:

- 1) That all of the information in this report is true and correct.
- 2) That I pay or supervise the payment of the persons employed by on the during the payroll week of that all persons employed on said project will be paid the full weekly wages earned; that no rebates have been or will be made either directly or indirectly from the full wages earned by any person, other than permissible deductions, as described below:
FICA(Social Security), Medicare, Federal Income Taxes, State Income Taxes, State Disability (SDI), Court-ordered Wage Attachments.
- 3) That any payrolls otherwise under this contract required to be submitted are correct and complete; that the wage rate for laborers or
- 4) That any apprentices employed on the above project are duly registered in a bona fide apprenticeship program registered with, or
- 5) That:

a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe

Following is a breakdown of the hourly fringe benefit contributions:

<u>Classification</u>	<u>Pension/Annuity</u>	<u>Health & Welfare</u>	<u>Vacation/Holiday</u>	<u>Training</u>	<u>Other</u>	<u>Total Fringes</u>

b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed on this project will be paid as indicated on the payroll, an amount not less than the sum of the

c) Exceptions

<u>Trade/Craft Classification</u>	<u>Explanation</u>

I reaffirm the intent of our company to comply with the requirements of HRS chapter 104, and all applicable federal and State laws

<input type="text"/>	<input type="text"/>
Name	Title
<input type="text"/>	

Signature and Date - Electronic or Inked

Excerpt

01-26-2009 14:11
BY: ALICE

CERTIFIED PAYROLL REGISTER

PAGE: 2 467
FR\RCERTREG

WK#18 0624

Performance Mechanical
630 West 10th Street
P.O. Box 1516
Pittsburg, CA 94565

Phone: (925) 432-4080 Fax: (925) 432-4141

PERIOD ENDING: 01/18/09

HISTORY

JOB: 72001 DESC: HELCO - Keahole ST7 Conversion Reimburse

Start Date: 05/27/08

FRANCIS B. ALBANO SS#:

(Continued)

4.9583/hr Lump Sum

Lump Sum Adjust:

238.00

Employee Compensation for this Job: 3,164.28

PARLO ANTOLIN SS#:

PAY DISTRIBUTION

1,903.00	BASE PAY	130.66	FICA	204.50	BENE W/H		
204.50	PD BENE	172.00	FED	30.56	MEDI	.00	OTHER DEDS
.00	LS ADJS	126.87	STATE	668.80	TOTAL DEDS	50.000	TOT HOURS
2,107.50	TL PAY	4.21	LOCAL	1,438.70	NET PAY	921.50	ACCR BENE

MAR: M EXEM: 10 EEO: PM CHR# 0

DEDUCTIONS

TRADE: DUES/PAC	92.00	VACATION	112.50	TOTAL	204.50
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BENEFITS

PAID: DUES/PAC	92.00	VACATION	112.50	TOTAL	204.50						
ACCR: ADM.	10.00	CO-OP	7.50	ANNUITY	271.50	HEALTH & W	402.50	PENSION	147.50	TOTAL	921.50
TRAINING	82.50										

TRADE/SCH: 675

HAWAII PIPEFITTERS

SKILL: PFJ PIPEFITTER JOURNEYMAN

BASE	BENEFITS	FRINGES	CO.	HOURS	Mon	Tue	Wed	Thu	Fri	Sat	Sun	HOURS/	AMOUNT/
RATE	PAID	ACCRUED	TOTAL		01/12	01/13	01/14	01/15	01/16	01/17	01/18	WEEK	WEEK
34.6000	4.0900	18.4300	57.1200	Regular Pa	8.000	8.000	8.000	8.000	8.000	.000	.000	40.000	2,284.80
51.9000	4.0900	18.4300	74.4200	Overtime P	2.000	2.000	2.000	2.000	2.000	.000	.000	10.000	744.20

Employee Totals: 50.000 3,029.00

PATRICK K. ANEAU SS#:

PAY DISTRIBUTION

1,705.00	BASE PAY	122.60	FICA	381.27	BENE W/H		
272.50	VACATION	163.00	FED	28.68	MEDI	.00	OTHER DEDS
770.00	LS ADJS	118.51	STATE	818.27	TOTAL DEDS	50.000	TOT HOURS
2,747.50	TL PAY	4.21	LOCAL	1,929.23	NET PAY	857.00	ACCR BENE

MAR: M EXEM: 9 EEO: PM CHR# 0

DEDUCTIONS

TRADE: Dues on Va	14.99	DUES	93.78	VACATION	272.50	TOTAL	381.27
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BENEFITS

PAID: VACATION	272.50	TOTAL	272.50								
ACCR: ADMIN FEE	12.50	ANNUITY	262.50	APPRENTICE	25.00	HEALTH & W	235.00	MOST	12.00	TOTAL	857.00
PENSION	310.00										

TRADE/SCH: 627

HAWAII BOILERMAKERS

SKILL: BMJ BOILERMAKER JOURNEYMAN -HAWAII

BASE	BENEFITS	FRINGES	CO.	HOURS	Mon	Tue	Wed	Thu	Fri	Sat	Sun	HOURS/	AMOUNT/
RATE	PAID	ACCRUED	TOTAL		01/12	01/13	01/14	01/15	01/16	01/17	01/18	WEEK	WEEK
31.0000	5.4500	17.1400	53.5900	Regular Pa	8.000	8.000	8.000	8.000	8.000	.000	.000	40.000	2,143.60
46.5000	5.4500	17.1400	69.0900	Overtime P	2.000	2.000	2.000	2.000	2.000	.000	.000	10.000	690.90

Employee Totals: 50.000 2,834.50

WAGE RATE SCHEDULE BULLETIN NO. 468

Classification	Current			2009			2010			2011			Remarks See Pg 6-7
	Prevailing Wage Total	Basic Hourly Rate	Fringe Hourly Rate	Prevailing Wage Total	Basic Hourly Rate	Fringe Hourly Rate	Prevailing Wage Total	Basic Hourly Rate	Fringe Hourly Rate	Prevailing Wage Total	Basic Hourly Rate	Fringe Hourly Rate	
*ASBESTOS WORKER	9/15/08			8/30/09			8/29/10			8/28/11			
	\$55.74	\$34.60	\$21.14	\$57.29	\$35.60	\$21.69	\$58.89	\$36.65	\$22.24	\$60.44	\$37.65	\$22.79	1
*ASPHALT PAVING GROUP:	2/16/09												
Asphalt Concrete Material Transfer	\$56.10	\$34.17	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Asphalt Raker	\$55.14	\$33.21	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Asphalt Spreader Operator	\$56.62	\$34.69	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Laborer, Hand Roller	\$52.37	\$30.44	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Roller Operator (5 tons and under)	\$54.87	\$32.94	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Roller Operator (over 5 tons)	\$56.30	\$34.37	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Screed Person	\$56.10	\$34.17	\$21.93	-	-	-	-	-	-	-	-	-	2,13
EQUIPMENT OPERATOR:													
Combination Loader/Backhoe (over 3/4 cu. yd.)	\$55.14	\$33.21	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Combination Loader/Backhoe (up to 3/4 cu. yd.)	\$54.16	\$32.23	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Concrete saws and/or Grinder (self-propelled unit on streets, highways, airports and canals)	\$56.10	\$34.17	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Grader, Soil Stabilizer, Cold Planer	\$56.93	\$35.00	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Loader (2-1/2 cu. yds. and under)	\$56.10	\$34.17	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Loader (over 2-1/2 cu. yds. to and including 5 cu. yds.)	\$56.42	\$34.49	\$21.93	-	-	-	-	-	-	-	-	-	2,13
TRUCK DRIVER:													
Assistant to Engineer	\$54.87	\$32.94	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Oil Tanker (double), Hot Liquid Asphalt Tanker	\$56.42	\$34.49	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Semi-Trailer, Semi-Dump, Asphalt Distributor	\$56.10	\$34.17	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Slip-in or Pup	\$56.42	\$34.49	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Single or Rock Cans Tandem Dump Truck (8 cu. yds. & under, water level)	\$55.14	\$33.21	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Single or Rock Cans Tandem Dump Truck (over 8 cu. yds., water level)	\$55.45	\$33.52	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Tractor Trailer (hauling equipment)	\$56.53	\$34.60	\$21.93	-	-	-	-	-	-	-	-	-	2,13
Utility, Flatbed	\$54.87	\$32.94	\$21.93	-	-	-	-	-	-	-	-	-	2,13
BOILERMAKER	10/1/08												
	\$53.33	\$31.00	\$22.33	-	-	-	-	-	-	-	-	-	13
*CARPENTER:	9/15/08			8/31/09			8/30/10			8/29/11			
Carpenter; Patent Scaffold Erector (Over 14 feet); Piledriver; Pneumatic Nailer	\$55.22	\$36.20	\$19.02	\$56.67	\$37.45	\$19.22	\$58.12	\$38.70	\$19.42	\$59.62	\$39.95	\$19.67	3,13
Millwright	\$55.47	\$36.45	\$19.02	\$56.92	\$37.70	\$19.22	\$58.37	\$38.95	\$19.42	\$59.87	\$40.20	\$19.67	3,13
Power Saw Operator (2 h.p. & above)	\$55.37	\$36.35	\$19.02	\$56.82	\$37.60	\$19.22	\$58.27	\$38.85	\$19.42	\$59.77	\$40.10	\$19.67	3,13
*CEMENT FINISHER:	2/16/09			8/31/09			8/30/10			8/29/11			
Cement Finisher; Curb Setter; Precast Panel Setter; Manhole Builder	\$51.37	\$29.90	\$21.47	\$53.17	\$31.15	\$22.02	\$54.72	\$32.40	\$22.32	\$56.22	\$33.85	\$22.37	12,13
Trowel Machine Operator	\$51.52	\$30.05	\$21.47	\$53.32	\$31.30	\$22.02	\$54.87	\$32.55	\$22.32	\$56.37	\$34.00	\$22.37	12,13

pg 1 of 10

APPRENTICE SCHEDULE BULLETIN NO. 468 February 16, 2009

Rates are applicable only to apprentices who are parties to agreements registered with the Department of Labor and where the journeyworker to apprentice ratio is met.

Apprentice Classifications	Interval Hrs	BASIC HOURLY RATE										FRINGE BENEFIT HOURLY RATE	Remarks See Pg 10	
		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	Total		
ASBESTOS WORKER														
Hired After 5/3/95	2000	\$17.30											\$6.64	1
"	2000		\$17.30										\$15.44	1
"	2000			\$20.76									\$15.70	1
"	2000				\$24.22								\$15.96	1
"	2000					\$27.68							\$16.22	1
(Effective 8/30/09)														
* ASBESTOS WORKER														
Hired After 5/3/95	2000	\$17.80											\$6.79	1
"	2000		\$17.80										\$15.83	1
"	2000			\$21.36									\$16.09	1
"	2000				\$24.92								\$16.36	1
"	2000					\$28.48							\$16.63	1
BOILERMAKER	1000	\$21.70	\$23.25	\$24.80	\$26.35	\$27.90	\$29.45						\$22.33	
CARPENTER														
Indentured Prior to 9/1/02	1000	\$14.48											\$11.17	2
"	1000		\$16.29	\$18.10	\$21.72	\$25.34	\$28.96	\$32.58	\$34.39				\$19.02	2
Indentured After 9/1/02	1000	\$14.48											\$7.17	2
"	1000		\$16.29										\$10.32	2
"	1000			\$18.10	\$21.72								\$12.82	2
"	1000					\$25.34	\$28.96						\$14.82	2
"	1000							\$32.58	\$34.39				\$16.82	2
(Effective 8/31/09)														
* CARPENTER														
Indentured Prior to 9/1/02	1000	\$14.98											\$11.37	2
"	1000		\$16.85	\$18.73	\$22.47	\$26.22	\$29.96	\$33.71	\$35.58				\$19.22	2
Indentured After 9/1/02	1000	\$14.98											\$7.37	2
"	1000		\$16.85										\$10.52	2
"	1000			\$18.73	\$22.47								\$13.02	2
"	1000					\$26.22	\$29.96						\$15.02	2
"	1000							\$33.71	\$35.58				\$17.02	2

CERTIFIED PAYROLL

JOB: 06669

CONTRACTOR _____ or SUBCONTRACTOR _____

ADDRESS:

L.A. PAINTING, LTD.

PAYROLL #: 14

FOR WEEK ENDING: 7/29/06

PROJECT & LOCATION: RED HILL ELEM SCH-RENOVATE & PAINT VARIOUS
PROJECT/CONTRACT #:

[1.]	[2.]	[3.]	OT	4. DAY AND DATE							[5.]	[6.]	7. -			8. DEDUCTIONS, CON	
EMPLOYEE NAME	NO.		ST	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	HOURLY	TOT AMT	GROSS AMT			
ADDRESS	W/H WORK		PC	23	24	25	26	27	28	29	HOURS	PAY	FRINGE	THIS PROJ	FICA/	STP	
SSN / ID / MINORITY / SEX	XMP CLASSIFICATION		DA	HOURS WORKED EACH DAY							HOURS	RATE	BENEFIT	*ALL PROJ	FED TAX	MEDICR	LOC

SUBJOB

LOUIE G. GAMIAO	3	APP70% 5001-6000 Apprentice	s		8.00	8.00	8.00	8.00			32.00	19.2200		615.04		
*** STRAIGHT TOTALS ***			s		8.00	8.00	8.00	8.00			32.00			615.04		
*** ADJUSTMENTS ***														112.00		
TOTAL EARNINGS & DEDUCTIONS													370.00	727.04	102.89	56.35 HI
														* 908.80		13.18

TRACY LEE GRAY	9	JRNYMAN PAINTER Journey Wkr	s		8.00	8.00	8.00		8.00		32.00	27.4500		878.40		
*** STRAIGHT TOTALS ***			s		8.00	8.00	8.00		8.00		32.00			878.40		
*** ADJUSTMENTS ***														224.00		
TOTAL EARNINGS & DEDUCTIONS													764.48	1102.40	42.28	68.35 HI
														* 1102.40		15.99

RUDY K. SOUZA		JRNYMAN PAINTER Journey Wkr	s		8.00	8.00			8.00		24.00	27.4500		658.80		
*** STRAIGHT TOTALS ***			s		8.00	8.00			8.00		24.00			658.80		
*** ADJUSTMENTS ***														168.00		
TOTAL EARNINGS & DEDUCTIONS													955.60	826.80	267.79	85.44 HI
														* 1378.00		19.98

OT	4. DAY AND DATE							5.	6.	7.	
ST	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	HOURLY	TOT AMT	GROSS AMOUNT
PC	23	24	25	26	27	28	29	HOURS	PAY	FRINGE	THIS PROJECT
DA	HOURS WORKED EACH DAY							HOURS	RATE	BENEFITS	*ALL PROJECTS

JOB 06669 TOTALS BY CLASS AND RATE

JRNYMAN PAINTER Journey Wkr											
s	16.00	24.00	24.00	8.00	24.00			96.00	27.4500		2,635.20
APP60% 4001-5000 Apprentice											
s	8.00	8.00		8.00				24.00	16.4700		395.28
APP70% 5001-6000 Apprentice											
s		8.00	8.00	8.00	8.00			32.00	19.2200		615.04
APP80% 6001-7000 Apprentice											
s		8.00	8.00			8.00		24.00	21.9600		527.04

JOB 06669 TOTALS

st	24.00	48.00	48.00	16.00	40.00			176.00			4,172.56
ADJUSTMENTS											970.00
TOTAL EARNINGS & DEDUCTIONS											5,142.56

KEY TO MISC DEDUCTIONS

NUM DESCRIPTION	NUM DESCRIPTION	NUM DESCRIPTION	NUM DESCRIPTION	NUM DESCRIPTION	NUM DESCRIPTION	NUM DESCRIPTION
1 JRNYMAN VAC/HOL	2 APP(1001)VAC/HOL	5b HEALTH & WELFARE	6b TRADE PROM/CHRTY	7b ANNUITY	8b APP(5001)ANNUITY	11b RESERVE T
14b TRAINING	15 UNION DUES-5%	16 JOB TARGET PROG	18 INITIATION FEE	55 CHILD SUPPORT	56 CHILD SUPPORT	

No code = Regular Employee Deduction, which decreases employee earnings.

"c" = Negative Employee Deduction, which increases employee earnings and is included in Fringe Benefit Total. This is usually used for cash in lieu of ben OR Reimbursed Employee Deduction included in Fringe Benefit Total.

"b" = Employer Paid Deduction included in Fringe Benefit Total. Does not affect employee earnings.

"*" = Employer Paid Deduction. Does not affect employee earnings or Fringe Benefit Total.

