

FINAL REPORT



California
Department
of Industrial
Relations

PUBLIC WORKS PAYROLL REPORTING FORM

Page _____ of _____

NAME OF CONTRACTOR OR SUB CONTRACTOR	CONTRACTORS LICENSE # SPECIALTY LICENSE #	ADDRESS
PAYROLL NO.	FOR WEEK ENDING	SELF-INSURED CERTIFICATE #
		WORKERS' COMPENSATION POLICY #
		PROJECT OR CONTRACT 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		DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS								NET WGS PAID FOR WEEK	CHECK NO.
			M	T	W	TH	F	S	S														
			Date																				
			Hours Worked Each Day																				
										THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VAC/ HOL	HEALTH & WELF	PENSION					
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