

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109				
CONTRACTOR NAME AND ADDRESS: ABC Company 2250 Skyline Drive Sometown, US 55555											SUBCONTRACTOR NAME & ADDRESS: Sample Company 55 Lakeview Drive Sometown, US 55555					WORKER'S COMPENSATION INSURANCE CARRIER  POLICY # QSS6103734835  EFFECTIVE DATE: 01/01/2024 EXPIRATION DATE: 01/01/2026										
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS										Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY					
1	11/03/2024	Sample Project For Demonstration														Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH	FICA	WITH-HOLDING			WITH-HOLDING	OTHER			
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION  Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							S-TIME 40	Base Rate	1. \$ 1.50 2. \$ 2.50 3. \$ 3.00	2680.00	205.02	455.48	102.48	156.70	2680.00	1760.32						
				Mo	Tu	We	Th	Fr	Sa	Su											10/28	10/29	10/30	10/31	11/01	11/02
Jane Dohe 71 Pineapple Lane Similartown, US 12345		F	Foreman	8	8	8	8	8	0	0		S-TIME 40	\$ 50.00	1. \$ 1.50 2. \$ 2.50 3. \$ 3.00	2680.00	205.02	455.48	102.48	156.70	2680.00	1760.32					
		B	NV License	2	0	2	0	2	0	0		O-TIME 6	\$ 5.00	4. \$ 0.00 5. \$ 2.00 6. \$ 1.00												
Johnny Dohe PO Box 111 Sometown, US 95545		M	Laborer	8	0	8	0	8	0	0		S-TIME 24	\$ 30.00	1. \$ 0.00 2. \$ 0.00 3. \$ 0.00	1380.00	105.57	130.91	42.37	13.80	810.00	1087.35					
		W	NV License	0	0	2	0	0	0	0		O-TIME 2	\$ 0.00	4. \$ 0.00 5. \$ 0.00 6. \$ 10.00												
Susan Anthony 711 Patriot Way Similartown, US 95545		F	Truck Driver	8	8	4	4	8	0	0		S-TIME 32	\$ 40.00	1. \$ 3.00 2. \$ 3.00 3. \$ 3.00	1840.00	140.76	147.34	71.43	0.00	1280.00	1480.47					
		B	AZ License	0	0	0	0	0	0	0		O-TIME 0	\$ 0.00	4. \$ 3.00 5. \$ 3.00 6. \$ 0.00												
												S-TIME	\$	1. \$ 2. \$ 3. \$												
												O-TIME	\$	4. \$ 5. \$ 6. \$												
												S-TIME	\$	1. \$ 2. \$ 3. \$												
												O-TIME	\$	4. \$ 5. \$ 6. \$												

**\*FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

- |                             |              |                           |                             |
|-----------------------------|--------------|---------------------------|-----------------------------|
| 1) Medical or hospital care | <u>  x  </u> | 4) Disability             | <u>  x  </u>                |
| 2) Pension or retirement    | <u>  x  </u> | 5) Vacation, holiday      | <u>  x  </u>                |
| 3) Life Insurance           | <u>  x  </u> | 6) Other (please specify) | <u>                    </u> |

**CERTIFIED STATEMENT OF COMPLIANCE**

For the week ending date of 11/03/2024,

I, John Smith of ABC Company, (hereafter known as Employer) in my capacity as President (title) do hereby certify and state:

**Section A:**

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for such project on which such persons name first appears.

<u>John Smith</u>	<u>President</u>	<u>11/03/2024</u>
(Signature)	(Title)	Submitted on (Date)

\*\*\* THIS IS A PUBLIC DOCUMENT \*\*\*  
\*\*\* DO NOT INCLUDE SOCIAL SECURITY NUMBERS \*\*\*