



RI Department of Labor and Training - Division of Workforce Regulation & Safety
Professional Regulation Unit/Prevailing Wage Section
 1511 Pontiac Avenue Building 70, P.O. Box 20247 Cranston, RI 02920-0943

Rhode Island Certified Weekly Payroll

Contractor: ABC Company **Subcontractor:** _____
Address: 2250 Skyline Drive **Address:** _____
 Sometown, US 55555-5555 _____
Phone # : 610-999-3333 **Email :** 22-5647893 **Phone # :** _____ **Email :** _____

For Week Ending: 06/28/2020 **Project/** Sample project for demonstration only **Wage** _____ **Decision** _____
Location: Anywhere, US **Decision #:** 12321/SP678 **Date:** 01/01/2019

****NOTE:** If an employee works more than one trade, please list each classification on separate lines with the corresponding hours they performed that trade and hourly rate paid.

Name, Address and Phone Number of Employee	Work Classification	Date:	M	T	W	T	F	S	S	Total Hrs	Hourly Rate (List all Rates)	Hourly Fringe Benefit	Weekly Gross	Weekly Deductions					
			06/22	06/23	06/24	06/25	06/26	06/27	06/28					FICA	Withheld		RI TDI	*Other	Weekly Net
	Hours Worked Each Day							Federal	State										
Steven S Boyer P:123-325-6789 S:xxx-xx-1544	Mason	P.S.	8	8	8	8	8	0	0	40	25.00	13.00	1040.00	79.56	95.38	37.56	13.52	0.25	813.73
		P.O.	0	0	0	0	0	0	0	0	37.50								
		A.P.S.																	
		A.P.O.																	
		R.H.																	
		R.O.																	
Jane Doe P:530-555-6521 S:xxx-xx-5555	Laborer	P.S.	8	8	8	8	8	0	0	40	15.00	20.00	800.00	61.20	83.43	30.00	10.40	30.00	584.97
		P.O.	0	0	0	0	0	0	0	0	22.50								
		A.P.S.																	
		A.P.O.																	
		R.H.																	
		R.O.																	
Johnny Doe P:530-555-6931 S:xxx-xx-4444	Foreman	P.S.	8	8	8	8	8	0	0	40	35.00	10.00	1400.00	107.10	113.10	52.13	18.20	70.00	1039.47
		P.O.	0	0	0	0	0	0	0	0	52.50								
		A.P.S.																	
		A.P.O.																	
		R.H.																	
		R.O.																	
		P.S.																	
		P.O.																	
		A.P.S.																	
		A.P.O.																	
		R.H.																	
		R.O.																	

Legend: P.S.=Prevailing Wage Standard Hours P.O.=Prevailing Wage Overtime Hours R.H.=Regular Hours R.O.=Regular Overtime Hours APS=Additional PW Standard Hours APO=Additional PW Overtime Hours

List all PW Projects in APS/APO: List PW projects here _____

***Deductions listed in "Other" column:** Explain Deductions in Other column here _____

STATEMENT OF COMPLIANCE

I, John Smith, President do hereby state:
(print name and title of signatory party)

(1) That I pay or supervise the payment of the persons employed by: ABC Company
(contractor or subcontractor)
on the Sample project for demonstration only, that during the payroll period commencing on
(project)
22 day of June, 2020, and ending on the 28 day of June, 2020
(day) (month) (year) (day) (month) (year)

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said ABC Company from the full weekly wages earned by any person and that no deductions have been
(contractor or subcontractor)

made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Rhode Island General Law Chapter 28-14.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in the appropriate wage determination for the project; that the classifications set forth therein for each laborer or mechanic conform with the work they performed.

(3) That the apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Rhode Island State Apprenticeship Council.

(4) 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 when due, to appropriate programs for the benefit of such employees.

Fringe Benefits Explanation: Bona fide fringe benefits are those paid to approved plans, funds or programs except those required by Federal or State Law.

Please specify the type of benefits provided:

1.) Medical or hospital care:	<u>Medical benefit here</u>	4.) Disability:	<u>Disability here</u>
2.) Pension or Retirement:	<u>Retirement here</u>	5.) Vacation, sick, holiday:	<u>Vacation here</u>
3.) Life Insurance:	<u>Life insurance here</u>	6.) Other (please specify):	<u>Other benefits here</u>

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been 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 rate schedule.

(5) In accordance with Chapter 37-13-13, it is mandatory that contractors use these forms for all Rhode Island Department of Labor requests for certified copies of payroll. Failure to submit information on these forms will constitute non-compliance by the responding contractor. These forms must be signed by the owner or an officer of the corporation, certifying that this is a true and exact copy of their payroll records.

<u>John Smith</u> SIGNATURE OF OWNER OR OFFICER OF CORPORATION	<u>John Smith, President</u> PRINT NAME & TITLE	<u>06/28/2020</u> DATE
<p>My signature hereon constitutes my affirmation that the information contained herein is true and accurate regarding the number of employees participating in the prevailing wage program, the prevailing wage standard hours each employee worked, prevailing wage overtime hours, regular hours and overtime hours for each employee as well as the gross wages for each employee. I have confirmed and attest that all the information contained in this document is correct and I understand and acknowledge by my signature that if I provide any inaccurate information on this form, I may be subject to civil penalties and/or referral to the Rhode Island Attorney General for criminal prosecution.</p>		