



Certified Transcript of Payroll

IDOL Case File Number: _____

Please Note: The submission of falsified payroll records is a criminal offense.

Payroll Date: _____

Contractor and/or Subcontractor

Public Body Information

_____ (Contract Number)	_____ (Company Name)	_____ (Contact Name)	_____ (Public Body Name)	_____ (Contact Name)
_____ (Project Number)	_____ (Street Address)	_____ (City)	_____ (Street Address)	_____ (City)
_____ (Project Location)	_____ (State)	_____ (Zipcode)	_____ (State)	_____ (Zipcode)
	_____ (Telephone Number)		_____ (Telephone Number)	

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address SSN & Telephone Number		* Hours worked each day							Total Hrs Each PW and Reg.	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
	PW													
	N													
Labor Classification _____		Hourly Fringe Benefit: Pension: _____ Health/Welfare: _____ Vacation: _____ Training: _____												
	PW													
	N													
Labor Classification _____		Hourly Fringe Benefit: Pension: _____ Health/Welfare: _____ Vacation: _____ Training: _____												
	PW													
	N													
Labor Classification _____		Hourly Fringe Benefit: Pension: _____ Health/Welfare: _____ Vacation: _____ Training: _____												
	PW													
	N													
Labor Classification _____		Hourly Fringe Benefit: Pension: _____ Health/Welfare: _____ Vacation: _____ Training: _____												

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**



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Instructions:

Fringe benefits (health insurance, pension, vacation, and training) must be paid, if it is required for the work classification, regardless of your union or nonunion status.

We give you credit for health insurance paid (if any) and ERISA approved pension plan (if any) and training if your employees are in a BAT approved program.

If the fringe benefit rate is paid into a fund, please note by placing the letter "F" behind the fringe benefit rate; if the fringe benefit rate is included on an employee's payroll check, please note by placing the letter "E" behind the fringe benefit rate.

On the back of this form please list all subcontractors, independent contractors and owner operator's your company used on this project. If you wish information regarding coverage of the Act, please visit our web site at www.state.il.us/agency/idol/ or call 217-782-1710.