

MDOT Prevailing Wage Compliance 2012

Prevailing Wage Components
Contract Documents
Wage Decisions
Wage Rate Interviews
Overtime



Chris Roe – MDOT
Prevailing Wage Compliance
(517) 202-3716

Certified Payrolls

Truck Drivers

1

Certified Payrolls

- Certified weekly payrolls shall be submitted to the delivery/project engineer on all federally funded contracts of more than \$2,000.00
- Certified weekly payrolls shall be submitted to the delivery/project engineer on all state funded projects
- Optional certified payroll forms:
 - Computer generated form that contains all required information.
 - WH-347 (Wage & Hour form from the USDOL)
 - CP-347 (created to meet all MDOT requirements)

2

Prevailing Wages when there is no signed Subcontract

- Persons performing the duties of laborers and mechanics (operators) must be paid the prevailing wage rate regardless of any written contractual arrangement.
- Certified payrolls are required anytime employees are paid prevailing wages.
- It is the responsibility of the prime contractor to assure that certified payrolls are submitted by any company with which they have a “contractual arrangement”

3

1955 Contractor Report

filled out by the prime contractor when submitting sub contractor certified payrolls

CONTRACTOR'S CERTIFIED PAYROLL REPORT			<small>File 111</small>
<small>Michigan Department of Transportation 1955 (4/8/05)</small>	<small>Contract ID</small>	<small>Week Ending</small>	<small>Page 2 of 2</small>
<small>Location</small>	<small>Prime Contractor</small>		
** DO NOT FORWARD WITH FULL SOCIAL SECURITY NUMBERS **			
<small>Subcontractor</small>	<small>Worked Yes</small>	<small>Payrolls Accepted Yes No</small>	<small>Comments</small>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature _____ Date _____

The Prime Contractor is to include this form when submitting subcontractor certified payroll (CPR) to the Project Engineer's office each week. "Payrolls Accepted" means the CPRs have been completed as specified in the current written MDOT procedure for prevailing wage compliance oversight. Comments are required if the "no" box is checked or if the CPR week ending date differs from that at the top of the form.

Instructions for MDOT Form 1955 - Contractor's Certified Payroll

Purpose:

- Document each week subcontractors perform work on the project (or any other company required to submit CPR)
- Document that CPR has been reviewed for acceptance.
- Document CPR deficiencies in instances where the CPR is not accepted
- Document when a subcontractor has worked but has not submitted CPR

Week Ending is the date the weekly payroll period ends.

The list under the heading Subcontractor is to include all subcontractors (or any other company required to submit CPR) performing work on the contract. If the subcontractor did not perform work on the contract for the "Week Ending" date in the form heading, then the Yes checkbox under Worked is left blank. If the subcontractor worked on the contract but has not submitted CPR for the "Week Ending" date, then check the Yes checkbox and provide comments that CPR was not yet submitted.

Accepted means the CPR contains the following information:

- Contractor's name and address with the prime or subcontractor(s) identified
- State contract ID numbers (contract identification)
- Payroll No., week ending, project location
- Employee full name and last four digits of social security number
- Identification of minority and female employees
- Employee's full work classification, including group or class
- Identification of OJTs, apprentices and program levels (% on payroll)
- Daily and weekly employee hours worked in each job classification
- Daily and weekly employee overtime (or premium) hours worked in each job classification
- Total weekly hours worked on all jobs (prevailing and non-prevailing wage)
- Base rate shown for each employee, overtime (or premium) rate shown when worked
- Fringe benefit package information in file and updated as needed
- Project gross weekly wages
- Week's gross wages for all jobs
- Week's itemized deductions
- Week's net wages paid for all jobs
- Compliance statement attached
- Explanation of itemized deductions if needed
- Method of fringe benefit payment described by checking either box (4)(a) or (4)(b)
- Exceptions explanation for fringe benefit (4)(c)
- Original signed signature

Comments are to identify the reason(s) a CPR is not accepted, to state that CPR was not yet submitted, or to document the week ending date of a CPR if it differs from the date in the form heading.

Distribution: The prime contractor is to include this form with the weekly transmittal of subcontractor certified payroll to the project engineer.

1952 Certified Payroll Checklist

Payroll Information Checklist:

Yes	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Contractor's name and address with the prime or subcontractor(s) identified _____
<input type="checkbox"/>	<input type="checkbox"/>	State contract ID numbers (contract identification) _____
<input type="checkbox"/>	<input type="checkbox"/>	Payroll No., week ending, project location _____
<input type="checkbox"/>	<input type="checkbox"/>	Employee full name and last four digits of social security number _____
<input type="checkbox"/>	<input type="checkbox"/>	Identification of minority and female employees _____
<input type="checkbox"/>	<input type="checkbox"/>	Employee's full work classification, including group or class _____
<input type="checkbox"/>	<input type="checkbox"/>	Identification of O.T.s, apprentices and program levels (%) on payrolls _____
<input type="checkbox"/>	<input type="checkbox"/>	Daily and weekly employee hours worked in each applicable work classification _____
<input type="checkbox"/>	<input type="checkbox"/>	Daily and weekly employee overtime (or premium) hours worked in each applicable work classification _____
<input type="checkbox"/>	<input type="checkbox"/>	Base rate shown for each employee, overtime (or premium) rate shown when worked _____
<input type="checkbox"/>	<input type="checkbox"/>	Project gross weekly wages _____
<input type="checkbox"/>	<input type="checkbox"/>	Total weekly hours worked on all jobs (prevailing and non-prevailing wage) _____
<input type="checkbox"/>	<input type="checkbox"/>	Week's gross wages for all jobs _____
<input type="checkbox"/>	<input type="checkbox"/>	Week's itemized deductions _____
<input type="checkbox"/>	<input type="checkbox"/>	Week's Net wages paid for all jobs _____
<input type="checkbox"/>	<input type="checkbox"/>	Compliance statement attached _____
<input type="checkbox"/>	<input type="checkbox"/>	Explanation of itemized deductions if needed _____
<input type="checkbox"/>	<input type="checkbox"/>	Method of fringe benefit payment described by checking either box (4)(a) or (4)(b) _____
<input type="checkbox"/>	<input type="checkbox"/>	Exceptions explanation for fringe benefit (4)(c) _____
<input type="checkbox"/>	<input type="checkbox"/>	Fringe benefit package information in file and updated as needed _____
<input type="checkbox"/>	<input type="checkbox"/>	Original signed signature _____

Page 2 of 2

MDOT CP-347 (04/10)

Date _____

I, _____ (Name of Signatory Party) _____ (Title)
do hereby state:

(1) That I pay or super-serve the payment of the persons employed by _____ (Contractor or Subcontractor) on the _____ (Building or Work) that during the payroll period commencing on the _____ day of _____ and ending the _____ day of _____ 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 _____ (Contractor or Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (45 Stat. 948, 63 Stat. 108, 72 Stat. 967, 78 Stat. 357, 40 U.S.C. § 3145), and described below:

(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 any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(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 to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(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 contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

NAME (PRINT) _____ SIGNATURE _____

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1061 OF TITLE 18 AND SECTION 101 OF TITLE 20 OF THE UNITED STATES CODE.

MICHIGAN DEPARTMENT OF TRANSPORTATION
CERTIFIED PAYROLL
COMPLETION OF CERTIFIED PAYROLL FORM FULFILLS THE MINIMUM MDOT PREVAILING WAGE REQUIREMENTS

Clear Form

Instructions

(1) NAME OF CONTRACTOR / SUBCONTRACTOR (PLEASE CHECK) (2) ADDRESS

(3) PAYROLL NO. (4) FOR WEEK ENDING (5) PROJECT AND LOCATION (6) CONTRACT ID

(M) EMPLOYEE INFORMATION	(N) WORK CLASSIFICATION	(O) ID #	(P) GROUP CLASS #	(Q) HOURS WORKED ON PROJECT	(R) TOTAL HOURS ON PROJECT	(S) PROJECT RATE OF PAY	(T) PROJECT RATE OF FRINGE PAY	(U) GROSS PROJECT EARNED	(V) GROSS WEEKLY EARNED	(W) DEDUCTIONS				(X) TOTAL DEDUCT	(Y) TOTAL WEEKLY WAGES PAID FOR ALL JOBS
										FICA	FEDERAL	STATE	OTHER		
NAME:					0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00

MICHIGAN DEPARTMENT OF TRANSPORTATION
CERTIFIED PAYROLL
COMPLETION OF CERTIFIED PAYROLL FORM FULFILLS THE MINIMUM MDOT PREVAILING WAGE REQUIREMENTS

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										FICA	FEDERAL	STATE	OTHER		
NAME:					0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00
ETHGDN: NAME:	ID #: GROUP CLASS #:				0			\$0.00						\$0.00	\$0.00

Adobe Acrobat

Gross wages earned for the week.

Gross Project Earned: This is automatically calculated using the values entered from the work on the project multiplied by the rate of pay + rate of fringe pay (if paid in cash).

Gross Weekly Earned: Enter the total weekly gross amount earned for the work performed on all projects in the work week. This should reflect the amount earned for all jobs for the week. (This includes prevailing and non-prevailing)

OK

CP-347 example "icons"

(1)	(2) DAY AND DATE	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Hour Type	HOURS WORKED ON PROJECT	TOTAL HOURS ON PROJECT	PROJECT RATE OF PAY	PROJECT RATE OF FRINGE PAY	GROSS PROJECT EARNED	GROSS WEEKLY EARNED	TOTAL WEEKLY HOURS WORKED ALL JOBS	FICA	FEDERAL		
		0				\$0.00					

Adobe Acrobat

i Gross wages earned for the week.

Gross Project Earned: This is automatically calculated using the values entered from the work on the project multiplied by the rate of pay + rate of fringe pay (if paid in cash).

Gross Weekly Earned: Enter the total weekly gross amount earned for the work performed on all projects in the work week. This should reflect the amount earned for all jobs for the week (This includes prevailing and non-prevailing)

OK

9

CP-347 Instructions

- (1) **Name of Contractor:** Enter in firm's name.
- (2) **Address:** Enter in firm's address.
- (3) **Payroll Number:** Enter in the payroll number for the week worked on the project.
- (4) **For Week Ending:** Enter in the last day of the weekly payroll.
- (5) **Project and Location:** Enter in location of project.
- (6) **Contract ID:** Enter in the corresponding MDOF contract ID.

Column (a): Enter each worker's full name. Complete the ethnicity and gender space by using the following ethnic code notation: Black (B), Hispanic (H), Native American Indian or Alaskan Eskimo (NA), and Asian or Pacific Islander (A). Followed with a / with the (M) male or (F) female gender. Example: FTH/GEN:HEM
 The ID# is the last four digits of the worker's social security number.

Column (b): Enter the classification identifier in the wage decision that represents the work being performed by each worker along with the proper group class. Davis-Bacon Related Act (DBRA) example: LAB09065-901 Group 1, Michigan Prevailing Wage Rate Schedule: Laborers, Class 1.

If an individual worked in more than one classification their time must be reported in separate entries. The hours shown in each classification should reflect the hours worked in each classification.

Column (c): Enter in the letter corresponding to the correct hour type worked by the employee. The bottom row should be (S) for straight time hours at regular hourly pay. The top row can have two different options of recording payment for overtime worked.

(O) Overtime is for the full 1 1/2 payment and (P) Premium is for the 1/2 time payment that would be due if ALL hours of work were paid at (S) Straight time hours.

Column (c) continued: On DBRA wage contracts the (O) Overtime / (P) Premium time would be due after the 40th weekly hours worked for ALL jobs during the week. On Michigan Prevailing Wage contracts the (O) Overtime / (P) Premium time would be due after 5th hour worked on a daily basis (or 10 hours a day if working 4-10 hour schedule). **EXAMPLE: if you're working 50 hours throughout the week:**

CLASSIFICATION		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Hour Type	HOURS WORKED ON PROJECT	TOTAL HOURS ON PROJECT	PROJECT RATE OF PAY	PROJECT RATE OF FRINGE PAY	GROSS PROJECT EARNED	GROSS WEEKLY EARNED	TOTAL WEEKLY HOURS WORKED ALL JOBS	FICA	FEDERAL		
(S)	40	40	\$17.90	\$18.00	\$716.00	\$716.00					
(O)	10	50	\$25.00	\$18.00	\$430.00	\$1146.00					

CLASSIFICATION		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Hour Type	HOURS WORKED ON PROJECT	TOTAL HOURS ON PROJECT	PROJECT RATE OF PAY	PROJECT RATE OF FRINGE PAY	GROSS PROJECT EARNED	GROSS WEEKLY EARNED	TOTAL WEEKLY HOURS WORKED ALL JOBS	FICA	FEDERAL		
(S)	40	40	\$17.90	\$18.00	\$716.00	\$716.00					
(P)	10	50	\$25.00	\$18.00	\$430.00	\$1146.00					

Column (d): Enter the day and the corresponding date in the hours provided at the top that represents the starting and ending day of the pay week. Enter the employees hours worked in each hour type as described in **Column (c)** above for each classification, including actual overtime worked.

Column (e): Automatically calculated the summation of daily hours worked on the project for that work week.

Column (f): Enter the base hourly rate for the project.

Column (g): Enter the fringe benefit value if paying in cash.

Column (h): Gross wages earned for the week.

Gross Project Earned: This is automatically calculated using the values entered from the worked on the project multiplied by the rate of pay + rate of fringe pay (if paid in cash).

Gross Weekly Earned: Enter the total weekly gross amount earned for the work performed on all projects in the work week. This should reflect the amount earned for all jobs for the week (This includes prevailing and non-prevailing wages).

Column (j): Enter the total number of hours worked on ALL projects in the work week (prevailing and non-prevailing).

CP-347 Instructions

Hour Type	(d) DAY AND DATE							TOTAL HOURS ON PROJECT	(f) PROJECT RATE OF PAY	(g) PROJECT RATE OF FRINGE PAY	(h) GROSS PROJECT EARNED
	SU	M	TU	W	TH	F	SA				
	5	6	7	8	9	10	11				
O						10		10	\$37.50	\$10.00	\$1,875.00
S		10	10	10	10			40	\$25.00	\$10.00	

Hour Type	(d) DAY AND DATE							TOTAL HOURS ON PROJECT	(f) PROJECT RATE OF PAY	(g) PROJECT RATE OF FRINGE PAY	(h) GROSS PROJECT EARNED
	SU	M	TU	W	TH	F	SA				
	5	6	7	8	9	10	11				
P						10		10	\$12.50		\$1,875.00
S		10	10	10	10	10		50	\$25.00	\$10.00	

11

Certified Payrolls (See Handout)

(a)	(b)	(c)	(d) DAY AND DATE	(e)	(f)	(g)	(h)
EMPLOYEE INFORMATION	WORK CLASSIFICATION	Hour Type	HOURS WORKED ON PROJECT	TOTAL HOURS ON PROJECT	PROJECT RATE OF PAY	PROJECT RATE OF FRINGE PAY	GROSS PROJECT EARNED
NAME:				0			\$0.00
ETH/GEN:	ID #:	GROUP/CLASS #:	S	0			

(h) GROSS PROJECT EARNED	(i) TOTAL WEEKLY HOURS WORKED ALL JOBS	(j) DEDUCTIONS					(k) TOTAL WEEKLY WAGES PAID FOR ALL JOBS
GROSS WEEKLY EARNED		FICA	FEDERAL	STATE	OTHER	TOTAL DEDUCT	
\$0.00						\$0.00	\$0.00

12

Certified Payrolls

- If fringe benefits are paid into approved programs and plans, a detailed breakdown of the type of benefits and hourly dollar value must accompany the first payroll.
- The contact information for the fringe benefit plan administrator must also be provided.

13

MI-TA web site Union Wage Breakdown

www.mi-ita.com/labor_wages.asp

**This is acceptable
for a detailed fringe
benefit breakdown
for a union employee**

Operating Engineers Wage Rates

Operating Engineers Wage Rates (for road building construction)

Effective first full payroll period on or after June 1, 2012.

CLASS I

Effective first full payroll period on or after June 1, 2012.

	ZONE 1	ZONE 2
*Base Rate Per Hour	\$25.31	\$25.31
*Vacation and Holiday (15% Funded)	3.80	3.80
*Supplemental Vacation (Funded)	0.05	0.05
Pension (Funded)	9.95	9.95
Health Care (Funded)	8.20	8.20
Apprentice (Funded)	0.60	0.60
Retiree Benefit (Funded)	0.45	0.45
324 Labor Management Education Committee Defined Contribution Plan	0.11	0.11
	1.00	1.00
	\$49.47	\$49.47
Industry Promotion Fund	0.12	0.12
Total	\$49.59	\$49.59

* Taxable Income

14

Certified Payrolls

- Certified payrolls are required to include the identification of trainees and apprentices and the program levels

(a) i EMPLOYEE INFORMATION	(b) i WORK CLASSIFICATION	(c) i Hour Type	(d) DAY AND DATE i							(e) i TOTAL HOURS ON PROJECT	(f) i PROJECT RATE OF PAY	(g) i PROJECT RATE OF FRINGE PAY	(h) i GROSS PROJECT EARNED	(i) i GROSS WEEKLY EARNED	(j) i TOTAL WEEKLY HOURS WORKED ALL JOBS
			Su 10	M 11	Tu 12	W 13	Th 14	F 15	Sa 16						
NAME: Sue Valdez	LABO0456-001	P						8	8	\$11.00		\$1,528.00	48		
ETH/GEN: H/F ID #: 1234	GROUP/CLASS #: 1	S		8	10	10	10	10	48	\$22.00	\$8.00	\$1,528.00			
ETH/GEN: ID #: NAME: Sue Valdez	GROUP/CLASS #: Apprentices 50%	P						8	8	\$5.50		\$956.00	48		
ETH/GEN: H/F ID #: 1234	GROUP/CLASS #: 1	S		8	10	10	10	10	48	\$11.00	\$8.00	\$956.00			

Apprentice Certification – (signed / dated)

U. S. Department of Labor



Office of Apprenticeship
Employment & Training Administration

Date: «Date»
From: Dave Jackson, State Director
Office of Apprenticeship
Subject: Apprentice Certification
To: «Contact»
«Company»
«Address»
«City», «State», «Zip»

The following individuals are apprentices registered with the U.S. Department of Labor, Office of Apprenticeship, under the sponsorship of Program Number «RAIS»:

Apprentice ID	SSN	Apprentice Name	Trade	Date Registered	Date Apprenticeship Began	Date Canceled or Expires
«ID»	«SSN»	«Apprentice»	«Occupation»	«RegDate»	«Indemur»	«Can-Com»

Certified By: _____ Date Issued: _____
David Jackson, Michigan ATR
Office of Apprenticeship

** Void 90 Days from Issue Date **

Apprentice Agreement NOT Certification

Program Registration and Apprenticeship Agreement
Office of Apprenticeship Training, Employer and Labor Services (OATELS)

U.S. Department of Labor
Employment and Training Administration

87A-011 - Section 8 (Rev. May 2005)

Warning: This agreement does not constitute a certification under Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Bureau of Apprenticeship and Training or the recognized State Apprenticeship Agency shown below. (Item 22)

PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE

Name (Last, First, Middle) and Address _____
(No. Street, City, State, Zip Code)

Home Phone and e-mail (Voluntary) _____
(Voluntary - See reverse)

Home Phone (Mandatory) _____
(Mandatory on request)

1. Date of Birth (Mo., Day, Yr.) _____
 Male Female

2. Career Pathway of Choice (EM) (Mandatory on request):
 None ALEKSTER LP Other Entry
 Apprentice Worker AOC Steps Demanded Worker Other Entry

3. Signature of Apprentice _____ Date _____
Signature of Sponsor/Guardian (if minor) _____ Date _____

PART B: TO BE COMPLETED BY SPONSOR

10. Sponsor Program No. _____
Sponsor Name and Address (No. Street, City, County, State, Zip Code)

11a. Trade/Occupation/Trade/Journey/Joint (List in the blanks as part of this agreement) _____
11b. Duration Date (M, Day, Yr.) _____ 11c. Term (M, Day, Yr.) _____ 11d. Probationary Period (M, Day, Yr.) _____

12. Credit for Previous Experience (M, Day, Yr.) _____ 13. Term Training (M, Day, Yr.) _____ 14. State Apprenticeship Agency (M, Day, Yr.) _____

17a. Probated Instruction (Number of Hours Per Year) _____
 None Via Pay Fed Not Via Pay Fed

17b. Apprentices Wages for Probated Instruction _____
 Via Pay Fed Not Via Pay Fed

17c. Disabled Training Institution Source _____

18a. Pre-Apprenticeship Hourly Wage \$ _____
18b. Sponsor's Hourly Wage \$ _____
18c. Apprentice's Hourly Wage \$ _____

19a. Term (M, Day, Yr.) _____
19b. Wage Rate (M, Day, Yr.) _____

19. Signature of Sponsor's Representative _____ Date Signed _____
24. Name and Address of Sponsor (Postage to Sponsor's Complete) (If applicable)

20. Signature of Sponsor's Representative _____ Date Signed _____

PART C: TO BE COMPLETED BY REGISTRATION AGENCY

22. Registration Agency and Address _____
23. Signature of Registration Agency _____ Date Registered _____

21. Sponsor Identification Number (Definition in reverse)

Page 7 of 2

87A-011 - Section 8 (Rev. May 2005)

Apprentice Agreement – NOT Certification

Program Registration and Apprenticeship Agreement
Office of Apprenticeship Training,
Employer and Labor Services (OATELS)

**U.S.
Employ**

APPRENTICE REGISTRATION

Warning: This agreement does not constitute a certification under Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Bureau of Apprenticeship and Training or the recognized State Apprenticeship Agency shown below. (Item 22)

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PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A S

Name (Last, First, Middle) and Address
(No. Street, City, State, Zip Code)

*Social Security Number
(Voluntary - See reverse)

An

Certified Payrolls

“Owners”

Contract Ownership may qualify for exempt status of paying prevailing wages by using the “Ownership Test”.

- They are at least 20% EQUITY owner, and
- They are actively engaged in the management of the enterprise.

(a) i	(b) i	(c) i	(d) DAY AND DATE i							(e) i	(f) i	(g) i	(h) i	(i) i	
			Su	M	Tu	W	Th	F	Sa						
EMPLOYEE INFORMATION		Hour Type	HOURS WORKED ON PROJECT							TOTAL HOURS ON PROJECT	PROJECT RATE OF PAY	PROJECT RATE OF FRINGE PAY	GROSS PROJECT EARNED	GROSS WEEKLY EARNED	TOTAL WEEKLY HOURS WORKED ALL JOBS
NAME: Sue Valdez			P	10	11	12	13	14	15	16	8			\$0.00	
ETH/GEN: H/F ID #: 1234		s	GROUP/CLASS #: 1							48					
LABORER				8	10	10	10	10							

19

Withholding Payments

- Biweekly progress payments for work completed by the prime contractor and/or subcontractor may be withheld, upon written notice from the engineer, for failure to comply with the contract prevailing wage requirements (Davis-Bacon and/or Michigan Prevailing Wage Rate Schedule) and for failure to submit acceptable weekly certified payrolls.

20

Notice to Bidders - Report Forms

03NB00
08-06-07

NOTICE TO BIDDERS

REPORT FORMS

Form Number:

1366 - "Contractor's Affidavit of Indebtedness"

1367 - "Consent of Surety to Payment to Contractor"

The above listed forms will originate with the Construction Contract Section (Payment Unit of the Contract Services Division). They are sent out to the Contractor upon receipt of a final estimate.

The Contractor must execute form 1366 and forward along with form 1367 to their surety company for the surety's consent. Both of these forms are then returned to Michigan Department of Transportation's Contract Services Division. These forms must be submitted to Agreements/Payments/Purchasing Section before a final estimate is paid.

1120 - "Final Inspection/Acceptance and Certification Report"

This form will be initiated and submitted by the Region Engineer

1199 - "Employment Report"

Employment Report Form 1199 is to be submitted by the Contractor annually when work is performed the last week of July. Send form 1199 directly to the MDOT Business Development Division website. A shorter alternative to this report may be completed electronically through the Business Development Division website at the following address: <http://mdotwas1.mdot.state.mi.us/public/ablar/>. If the website is used, the paper form need not be completed.

0125 - "Monthly OJT Program Report and Training Log"

Form 0125 shall be submitted by the Contractor to MDOT, Small Business Liaison Office, and a copy to the Engineer when reporting the training record for the on-the-job training.

Biweekly progress payments for work completed by the Prime Contractor and/or Subcontractor may be withheld, upon written notice from the Engineer, for failure to comply with the contract prevailing wage requirements (Davis-Bacon and/or Michigan Prevailing Wage Rate Schedule) and for failure to submit weekly certified payrolls.

These requirements are supplemental to other required contract provisions contained within this proposal.

07/13/07