Section 5. Public Works Payroll Reporting Form

Enter Payroll Information

To begin creating a *Public Works Payroll Reporting Form (Payroll Form)*, go to the My Contracts area and select the desired contract from the list of Contracts With LAUSD.

		Mr.	User :: Friday , Jan 22, 201
	Contractor's Certified I	Payroll Reporting Sys	stem
pen Contracts	with LAUSD		
ma : My Contract	r		
me . My Contract	>		
ontract List(4)	5		
ontract List:(4)			
ontract List:(4)	rrent Contracts Archived Contracts	All Contracts]	
ontract List:(4) ontract Status [Cu Contract No	rrent Contracts Archived Contracts School Name	All Contracts] Latest Payroll Date	Association
ontract List:(4) ontract Status [Cu Contract No 0910352	rrent Contracts Archived Contracts School Name SOUTH REGION EL #6	All Contracts] Latest Payroll Date None Submitted	Association 2 – Subcontractor
ontract List:(4) ontract Status [Cu Contract No 0910352 0930000	rrent Contracts Archived Contracts School Name SOUTH REGION EL #6 various	All Contracts] All Contracts] Latest Payroll Date None Submitted None Submitted	Association 2 - Subcontractor 2 - Subcontractor
ontract List:(4) ontract Status [Cu Contract No 0910352 0930000 1010001	s rrent Contracts Archived Contracts School Name SOUTH REGION EL #6 various COLDWATER CYN EL	All Contracts] All Contracts] Latest Payroll Date None Submitted None Submitted None Submitted	Association 2 - Subcontractor 2 - Subcontractor Prime Contractor

Proceed to the New Payroll Form section and choose the project location/school for which you wish to report. *Job Order Contracts*: you must also choose a project number. If you have previously reported payroll at this project location under this contract, the Last Payroll Period and Last Payroll No. will appear. Enter the Work Week Start Date and Payroll Number, and click **Add New Payroll**.

School	Work Week Start Date	Payroll Number
WESTCHESTER SH	02/01/2010 Last Payroll Period: 01/25/2010 - 01/	1 31/2010 Last Payroll No: 0

Page4

The Contract Number, Project Location/School, Project Number *(if applicable)*, Payroll Start Date, and Payroll Number you specified on the previous screen will then be displayed. Your company's contact information will also be displayed.

Building the Le	arning Community	Home My Accou	My Contracts	Employees Archive Logo Mr. User :: Monday , Jan 25, 2010						
	Contractor's Ce	ertified Payroll R	Reporting Sy	rstem						
New Payroll Form										
Home : Select Employees										
At a Glance: LCP Contr	ractor, Ltd.									
Contract Number:	1010011	Advertised Date:	08/10/2009	School Name(s)						
Prime Contractor:	FSD Construction, Inc.	Award Date:	09/28/2009	WESTCHESTER SH						
Parent Vendor:	Facilities Construction, Inc.	Notice to Proceed Date:	10/09/2009							
PSA Contract:	Yes	Start Date:	10/09/2009							
Contract Type:	FSD	End Date:	04/06/2010							
OCIP	Yes	Notice of Completion Date:	N/A							
Select Employees to Add to Form.										
Payroll No	1									
Payroll Start Date	02/01/2010 - 02/07 (Monday to Sunday)	//2010								
Contract No	1010011									
School	WESTCHESTER SH									
Company Contact Addres	ss 1 Public Hwy	Edit								

If you have not yet entered contact information for your company, click **Edit** to return to the Update Contact Information screen. *See Section 1. My Account*.

Page45

Select Type of Form

You will then be prompted to select the type of form you are creating, which can be one of the following:

- Regular: This type of form is for reporting work performed throughout the regular duration of your contract work.
- Non-Performance: This type is for reporting any week throughout the regular course of your contract work during which no work was performed[†].
- Final: This type is for reporting the last week work was performed by your company during the regular course of your contract work^{††}.
- Final (Non-Performance): This type is for reporting no work was performed during the last week of the regular course of your contract work.
- ✤ Warranty Work/Punch List: This type is for reporting *Warranty Work* or *Punch List* items performed *after* the regular duration of your contract work[‡].

Select type of form you are creating:		
Regular		
O Non-Performance		
O Final		
Final Non-Performance		
O Wrty. Work/Punch List		
2. Chack amplewees to submit for payrolly		

⁺ The purpose of this form is to certify that no employees of your company were on-site during that payroll period. If no employees of your company performed work, but work was performed by an owner-operator hired by your company, you would choose a Non-Performance-type.

⁺⁺ By reporting a Final-type payroll form, you certify that the regular course of contract work is complete for your company and any week following will be considered Non-Performance—unless submitting Wrty. Work/Punch List. As such, you will no longer be able to report Regular or Non-Performance payroll under that Contract Number and Project Location/School.

[‡] When reporting Wrty. Work/Punch List, it is not necessary to report the weeks in between during which no work was performed.

Check Employees to Submit for Payroll

A list of all active employees, their trades/classifications, and corresponding rates of pay will be displayed. Choose the employees/pay rates that are applicable to the payroll form you are creating. If an employee does not appear, or trade/classification and/or rate information is not correct, return to the Employees area and update the profile of that employee. *See Section 4. Employees*.



Check Operators to Submit for Payroll

A list of all active owner-operators, their equipment, and corresponding rates of pay will be displayed. Choose the operators/pay rates that are applicable to the payroll form you are creating. If an owner-operator does not appear, or equipment and/or rate information is not correct, return to the Employees area and update the profile of that owner-operator. *See Section 4. Employees*.



When you have completed entering payroll form details and selected the employees and the operators performing work on that payroll, click **Submit**.

Public Works Payroll Reporting Form

The *Public Works Payroll Reporting Form* is based upon the Department of Industrial Relations' suggested format for certified payroll records, *Form A-1-131, Public Works Payroll Reporting Form*¹⁰.

lit Incident Repo	ort																		Mr. Us	er :: Mon	day , Jan 2.	5, 201	0	Delete Forr
							Con	tract	or's C	Certifi	ed F	Payr	oll Re	port	ing	Syste	m							
ublic Works I	Payroll	Reporting I	orm																					
ome : Archive :	Payroll F	orm																						
ontractor Tier:									PU	Los /	Ang VOR	eles KS F	Unifie PAYRO	d Sc LL R	hool EPOF	Distr TING	ict FOR	м						
		Name of Prin	ne Cont	tractor:	FSD Co	nstruc	tion, In	c .	Co Sp	ontractor's	s Licer cense	nse No No:						Address ,	5:					
		Name of Sub	Contra	ictor: LC	P Cont	ractor	, Ltd.		Co Sp	ontractor's	s Licer cense	ise No No:	: 999999					Address New Cit	s:1 Public y, CA 900	Hwy 000				
Name	WithIds &	Payroll No: 1		Period:	02/01/	2010	- 02/0	07/201) Hrly	Tayahla	Self I Work	nsured ers Co	d Certificat ompensati	te No: on Poli	cy No:				LAUSD C School: V	ontract No VESTCHES	: 101001: TER SH	1		
Address and E focial Security Number of	Exempts	Classification		МТ	w	αy Γ F	S S	Hrs	Rate of Pay	Rate of Pay	Gros Ear	s Amt ned		De	ductior	is, Contri	ibutions	, and Pay	ments		Addtnl Pymnt			
Employee [Add				01 02	Da 03 0	ate 4 05	06 0	7														Net Wgs Paid	Check No.	Worker Class Code
Another Employee]				Hour	s Work	ed Ea	ch Day															Wk		
orker, The 9	5/1	Journeyman (LABORER)	S						\$28.98	\$28.98	This Proj	All Projs	Fed Tax	FICA (SS)	FICA (MC)	State Tax	SDI	Vac/Hol	Health/ Welf	Pension	Trv/Subs			Not Submitte
Blue Collar n		GROUP 04	1½x						\$43.47	\$43.47														
he City, CA 0001		Basic Rates	2x										Training	Other	Dues	Savings	Misc Pymts	Vac/Hol Deducts	Other Fringe Deducts	Total De- ductions	Other Reimburs			
merican			Зx		\vdash	+-																		
[Remove employee]			Notes																					
				SDI – S	tate Di	sabilit	y *	Other – letermin	any othei ations mi	r deductio ust be sep	ons, co parate	ontribu ly liste	tions, and d, use ext	l/or pa tra she	yments et if ne	whether cessary.	r or not	included	by prevai	ling wage		Cer	rtificatio	on must be completed

Page48

¹⁰ *Ibid.*, Section 1776.; *California Code of Regulations*, Title 8, Section 16401. Reporting of Payroll Requests.

Edit Payroll Form

If you need to modify any of payroll form details, click the **Payroll Number** on the form. You can change the Payroll Number and Payroll Start Date of the payroll form. You can also re-assign the payroll form to a different Contract Number and/or School/Project. If you made the wrong selection when initially creating the payroll form, you can change the Type of Form.

Facilities Services Division Building the Learning Community Home	My Account My Contracts Employees Archive Logout
Contractor's Certified I	Payroll Reporting System
Edit Payroll Form	
Home : Archive : Payroll Form : Edit Payroll Form	
Payroll No: 1	Contract Type: FSD Contract Number: 1010011 School Name: WESTCHESTER SH
Contract No: 1010011	Payroll Start Date: 02/01/2010
Final Certified Payroll: Regular Non Performance Final Final (Non Performance) Wrty. Work/Punch List 	School: WESTCHESTER SH (8943)
Name Of Contractor: LCP Contractor, Ltd. Contractor's License: 999999 Specialty License: Workers Comp Policy No: Contractor Tier: 1 - Prime 2 - Subcontractor 3 - Subcontractor (3rd Level)	Address: 1 Public Hwy
Submit	

Once you are satisfied with your changes click **Submit**; otherwise, click the breadcrumb for **Payroll Form** to return to the form without saving your changes.

Payroll Employees

If you need to add another employee/pay rate to the payroll form that has not already been added, click **Add Another Employee**.

Add Employee to Payroll	
Home : Archive : Payroll Form : Add Employee to Payroll	Return to Form
Three, Employee	
LABORER / GROUP 01 (Journeyman) : (ST) \$26.33 (11/2x) \$39.50 (2x) \$.00 (3x) \$.00	
Venada, Juan	
LABORER / GROUP 04 (Journeyman) : (ST) \$28.98 (1½x) \$43.47 (2x) \$.00 (3x) \$.00	
Worker, The	
LABORER / GROUP 05 (Journeyman) : (ST) \$29.33 (1½x) \$44.00 (2x) \$.00 (3x) \$.00	
Submit	

If you need to remove an employee that was erroneously added, click **Remove Employee** beneath that employee's record.

Name, Address and Social Security Number of Employee [Add Another Employee]	Wthlds & Exempts	Work Classification
Worker, The 001-01-0001 9 Blue Collar Ln The City, CA 90001 Female/Native American (Veteran) [Remove employee]	5 / 1	Journeyman (LABORER) GROUP 04 <i>Basic Rates</i>

If you need to make any changes to an employee's profile *after* you have already added that employee to the payroll form, you must first **Remove Employee**, and make the necessary changes in the Employees area. *See Section 4. Employees*. Return to this form, click **Add Another Employee**, and then choose the employee to add back to the form.

Edit Payroll Employee

To begin entering payroll information for an employee, click the name of that **Employee**. Before you proceed, verify the accuracy of the employee's profile—including contact information, trade/classification, and pay rates.

Building the Lea	rning Community	Iome My Account My Contract	ts Employees Archive Log
	Contractor's Certified	l Payroll Reporting Sy	stem
Edit Payroll Employee			
Home : Archive : Payroll Fo	orm : Edit Payroll Employee		
Employee The Worker (SS#:001–01–0001)	Address 9 Blue Collar Ln The City, CA90001	Tax Marital Status: S Tax Exemptions: 1	Trade/Classification (LABORER) GROUP 04 / Journeyman
	· · · · · · · · · · · · · · · · · · ·	Payrates	
	Basic Hourly Wage	Taxable Hourly Wage	Total Hourly Wage
ST	28.98	28.98	44.07
1½x	43.47	43.47	58.56
2x			
3x			

If you need to make any changes to the profile, click the breadcrumb for **Payroll Form** to return to the form without saving your changes. See *Payroll Employees* above in regard to updating an employee's profile.

Page**5**J

Hours Worked

In this portion you will enter the number of hours worked each day at this project[†]. Enter the hours worked at Standard Time (ST), and *(if applicable)* Overtime $(1^{1}/2x)$, Double Time (2x) and Triple Time (3x).

				Hours Worke	d Each Day				
	Monday 02/01	Tuesday 02/02	Wednesday 02/03	Thursday 02/04	Friday 02/05	Saturday 02/06	Sunday 02/07	Total Hours for this project	Total Hours for all Projects Reset
ST	8	8	8	8	8	0	0	40	40
1½x	0	2	2	2	2	0	0	8	8
2x									
3x									

If fields do not appear for you to report hours at the rate for 1½x, 2x, or 3x, the reason is that you did not enter that rate when entering this employee's information. See *Payroll Employees* above in regard to updating an employee's profile.

Once you have entered the number of hours worked each day at this project, enter the Total Hours worked during this payroll period—including hours for other LAUSD and non-LAUSD public works projects, and private projects that were paid on the same paycheque or financial instrument. Should you wish to revert back to the Total Hours For This Project, click **Reset**.

24 40	Total Hours for this project	for all Projects Reset
	24	40
4 8	4	8

[†] If this employee worked under more than one trade/classification/pay rate at this project for this week including midweek classification change or rate increase—enter just the number of hours worked at one pay rate on one screen. Then, on the following screen for the other pay rate, enter just the number of hours worked at the other pay rate.

										_				workers c	ompensation	
Name, Address and	Wthlds &	Work				[Day				Total	Hrly	Taxable			
of Employee	Exempts	Classification		М	Т	W	Т	F	S	S	Hrs	Rate of Pay	Rate of Pay	Gross A	mt Earned	
						C	ate									
Employee 1				01	02	03	04	05	06	07						
				Hours Wor		ked Ea	ch Day	y								
Worker, The 001-01-0001	S / 1	Journeyman	S	8.00	8.00	8.00					24.00	\$28.98	\$28.98	This Proj	All Projs	
9 Blue Collar Ln		(LABORER) GROUP 04	1½x		2.00	2.00					4.00	\$43.47	\$43.47	\$869.40	\$1,514.66	
The City, CA 90001 Female/Native American		Basic Rates	2x								0.00	\$0.00	\$0.00			
(Veteran)			Зx								0.00	\$0.00	\$0.00			
[nemore employee]			Notes													
Worker, The 001-01-0001	S / 1	Journeyman	S				8.00	8.00			16.00	\$29.33	\$29.33	This Proj	All Projs	
9 Blue Collar Ln		(LABORER) GROUP 05	1½x				2.00	2.00			4.00	\$44.00	\$44.00	\$645.26	\$1,514.66	
The City, CA 90001 Female/Native American			Basic Rates	2x								0.00	\$0.00	\$0.00		
(Veteran) [Remove employee]			Зx								0.00	\$0.00	\$0.00		-	
			Notes													

Gross Amount Earned

Once you have entered the hours worked, in this portion the Gross Amount Earned For This Project will be calculated based upon the pay rate entered for this employee. If fringe benefits were marked *Add to Taxable Wage* in the employee's profile, the Taxable Hourly Wage is increased by the hourly rate for those fringe benefits. This taxable rate is then used to calculate the Gross Amount Earned For This Project.

 If the Gross Amount Earned on the payroll is greater than the Gross A Amount Earned For All Projects (This Payroll). 	mount Earned on this project), enter the amount in the Gross
Gross Amount Earn For This Project	Gross Amount Earned For All Projects (This Payroll) Reset
1506.96	1506.96 1506.96 If this value is specified, it will be used to calculate the Net Wages Paid for Week

If the paycheque for this employee covers more than just the hours worked on this project, enter the total Gross Amount Earned For All Projects. Should you wish to revert back to the calculated Gross Amount Earned For This Project, click **Reset**.

2. If the Gross Amount Earned on the payroll is greater than the Gross A Amount Earned For All Projects (This Payroll).	mount Earned on this project), enter the amount in the Gross
Gross Amount Earn For This Project	Gross Amount Earned For All Projects (This Payroll) Reset
869.4	1514.66 If this value is specified, it will be used to calculate the Net Wages Paid for Week

Page **7**4

Deductions and Payments

Now that you have entered the Gross Amount, enter the tax withholding amounts applicable to this payroll, as well as any payments deducted from the employee's paycheque, including Dues, Savings—e.g., *employee* elective contributions, including 401(k), *IRA*, etc.—and Miscellaneous Payments—e.g., alimony, child support, wage garnishments.



If any amount for fringe benefits (Vacation/Holiday, Other) are also deducted from the employee's paycheque, enter those in the appropriate field. Select the option **Auto Calculate** to calculate the fringe benefit deductions based upon those contribution rates marked as *Add to Taxable Wage* in the employee's profile; otherwise, select **Manual**.

		Tax Deductions			Total Deductions
Fed Tax	FICA Soc Sec	FICA Medicare	State Tax	SDI	889.12
250	100	50	150	50	
	Deduction	ns for Employee P	ayments		
Dues	Savings	Misc Payments	Vac/ Hol Deductions	Other Fringe Benefit Deductions	
25	75	0.00	added to txbl wage	added to txbl wage	0
			172.8	10.32	Auto Calculate O Manua
f the Fringe Benefi	it rates differs from th Fringe E	ne auto-calculation, Benefit Contributi	, enter the correct amo	Dunt in the Fringe Ben	efit Contributions.
If the Fringe Benefi Pension	it rates differs from th Fringe E Training	ne auto-calculation Benefit Contributi Vac / Hol	, enter the correct amo ons Reset Health	Dunt in the Fringe Ben Other Paymer	Auto Calculate Manua efit Contributions. Total Contributions



Fringe Benefit Contributions

In this portion, the fringe benefits your company contributes on your employee's behalf—to an approved plan or trust—are automatically calculated based upon the fringe benefit contribution rates entered in the employee's profile.

Fringe Benefit Contributions Reset Total Contributions											
	Other Payments	Health	Vac / Hol	Training	Pension						
724.22	16.32	228.48	172.8	30.72	276						
7	16.32	228.48	172.8	30.72	276						

If you need to adjust any amounts, simply overwrite the calculated amount. Should you wish to revert back to the calculated amounts, click **Reset**. *Please note*: since contributions entered here are *employer* payments, they will not affect the Net Wages Paid For This Week. See *Deductions and Payments* above regarding amounts for fringe benefits deducted from the employee's paycheque.

Check Information

If any additional payments were made to the employee for Travel/Subsistence and Other Reimbursements, enter these amounts in the respective fields. The Net Wages Paid For This Week should match the amount shown on the employee's paycheque. Enter the Check or Direct Deposit No. of that paycheque or financial instrument. If you need to add any additional comments or remarks to this payroll entry, enter these in Notes.

Additional Payments	Net Wages Paid for Week	Check or Direct Deposit No.	Notes
Travel/ Subs 0 Other Reimbursements 100	906.96	1001 Required	

Worker's Compensation Class Code [OCIP Contracts]

For contracts covered by the *Owner Controlled Insurance Program (OCIP)*, you must also select the Worker's Compensation (WC) Class Code applicable to the work performed.

Worker's Compensation Class Code
3365 💌
View Class Code Descriptions

If you are unsure of which Class Code to select, click **View Class Code Descriptions**. For more information, please see the WCIRB Classification Information webpage:

wcirbonline.org/wcirb/answer center/classification information.html

When you have completed entering the payroll information for this employee, click **Submit** to save the screen.

Once you are returned to the payroll form, click another employee's **Name** to begin entering payroll information for that employee. Continue to do so until the payroll information for all employees has been entered.

Worker, The 001-01-0001	S / 1	Journeyman	S	8.00	8.00	8.00	8.00	8.00	40.00						
9 Blue Collar Ln		(LABORER) GROUP 04	1½x		2.00	2.00	2.00	2.00	8.00						
The City, CA 90001 Female/Native American		Basic Rates	2x						0.00						
(Veteran) [Remove employee]			Зx						0.00						
			Notes												
Worker, The Other 777-00-0000	M / 2	Journeyman	S						0.00						
1700 Penny Lane	GROUP 05	(LABORER) GROUP 05 Basic Rates	GROUP 05	11⁄2X						0.00					
Liverpool, L7 770 Female/Declined to State			2x						0.00						
[Remove employee]			Зx						0.00						
			Notes												

Edit Payroll Employee [Trade-Exempt]

Hours Worked and WC Class Code are the only data required to be entered for employees with the trade classification "Trade-Exempt". See *Hours Worked* above in regard to entering hours.

	Faciliti	es Servic Building the	Learning Comm	unity		Con	tracto	or's C	ertified			
Edit I Home Emplo	Payroll I : Archive yee Inform	Employe : Payroll nation	e Form : Edit	Payroll Em	ployee							
Emple The C (SS#:7	EmployeeAddressThe Other Worker1700 Penny Lane(SS#:777-00-0000)Liverpool, L7770											
	Hours Worked											
	Monday 02/01	Tuesday 02/02	Wednesday 02/03	Thursday 02/04	Friday 02/05	Saturday 02/06	Sunday 02/07	Total Hours for this project	Total Hours for all Projects Reset			
ST 1½x 2x	8	8	8	8	8	0	0	40	40			
3x Subr	2x											
Tax Mari Tax Exer	ital Statu mptions:	s: M 2		-	Trade/Cl (TRADE E	assificatio XEMPT) /	o n Superinte	ndent(sa	laried)			
		l	Notes			Wo	orker's Co	ompensa Code	ation Class			
							iew Class	3365 🗸	escriptions			

Page 58

Owner-Operator Listing

The *Owner-Operator Listing* portion of the payroll form is based upon the California Department of Transportation *Form CEM-2505, Owner-Operator Listing*¹¹.

Name, Address and Social Security Number of Employee	Equipment	CalT No.	License No.					Day				Total Hrs	Hrly	Gross Amt Earned	Check No.	
[Add Owner Operator]					м	т	W	Т	F	S	S		Rate of Pay			
[Date											
					01	02	03	3 04 05		5 06						
					Hours Worked Each Day					ау						
perator, Smooth 02-02-0002	TRACTOR, CATERPILLAR	N/A	000001	S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$109.69	\$0.00		
100 North South Bl	MODEL 814			11/22 2x	1½x	0.00	0.00	0.00	0.00	0.00	00 0.00 0	0.00	0.00	\$0.00	J	
os Angeles, CA 90099	Straight Rates				2x	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00		
lale/Afro-American/Black [Remove Owner Operator]				Зx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00			

Page59

ⁿ *California Department of Transportation Construction Manual*, Section 8-103. Certified Payroll Requirements.

Payroll Owner-Operators

If you need to add another owner-operator/equipment/pay rate to the payroll form that has not already been added, click **Add Owner-Operator**.

Home : Archive : Payroll Form : Add Owner Operator to Payroll	Return to Form
Operator Smooth	
TRACTOR, CATERPILLAR MODEL 824B : (ST) \$174.51 (11/2x) \$.00 (2x) \$.00 (3x) \$.00	
Smith Maria J.	
CRANE, KOMATSU MODEL PC 1100 LC-6 : (ST) \$536.20 (11/2x) \$.00 (2x) \$.00 (3x) \$.00	
Technologie (

If you need to remove an owner-operator that was erroneously added, click **Remove Owner-Operator** beneath that operator's record.

Name, Address and Social Security Number of Employee	Equipment	CalT No.	License No.
[Add Owner Operator]			
Operator, Smooth	TRACTOR,	N/A	000001
002-02-0002	CATERPILLAR MODEL 814		
1100 North South Bl			
Los Angeles, CA 90099	Straight		
	Rates		
Male/Afro-American/Black			
[Remove Owner Operator]			

If you need to make any changes to an owner-operator's profile *after* you have already added that operator to the payroll form, you must first **Remove Owner-Operator**, make the necessary changes in the Employees area. *See Section 4. Employees*. Return to this form, click **Add Owner-Operator**, and choose the operator to add back to the form.

Edit Payroll Owner-Operator

To begin entering payroll information for an owner-operator, click the name of that **Owner-Operator**. Before you proceed, verify the accuracy of the operator's profile—including contact information, equipment details, and pay rates.

Facilities Services Division Building the Learning Community	Home	My Account	My Contracts	Employees	Archive	Logout					
			M	Ir. User :: Tues	day , Jan 2	6, 2010					
Contractor's Certified Payroll Reporting System											
Edit Payroll Owner Operator											
Home : Archive : Payroll Form : Edit Payroll Ow Employee Information	vner Operato	r									
Employee Smooth Operator (SS:002-02-0002)		Equi TRAC	pment CTOR, CATERPILI	LAR MODEL 81	4						
Address 1100 North South Bl		Licer 0000	nse No. 001								
Los Angeles, CA90099		CalT N/A	No.								

If you need to make any changes to the profile, click the breadcrumb for **Payroll Form** to return to the form without saving your changes. See *Payroll Owner-Operators* above in regard to updating an operator's profile.

PageO.

Hours Worked

In this section, you will enter the number of hours worked each day operating the above-referenced equipment at this project.

Gross Amount Earned

Once you have entered the hours worked, the Gross Amount Earned For This Project will be calculated based upon the pay rate entered for this owner-operator.

Fill in	the hours	s to sum u	p the Total I	Hours and	calculate	the Gross	s Amoun	t Earr	ned this l	Proj.	
			Hou	rs Worked	l Each Da	ay				Gross Amt Earned this Proj	Check No. <i>required</i>
	Monday 02/01	Tuesday 02/02	Wednesday 02/03	Thursday 02/04	Friday 02/05	Saturday 02/06	Sunday 02/07	Toti Hrs	Hrly Wage	1316.28	
ST	0	0	6	6	0	0	0	12	109.69		

Page **O**2

Check Information

Finally, enter the Check No. of the paycheque or whichever form of payment used to cover the work reported.

Hours Worked Each Day							Gross Amt Earned this Proj	Check No. <i>required</i>			
	Monday 02/01	Tuesday 02/02	Wednesday 02/03	Thursday 02/04	Friday 02/05	Saturday 02/06	Sunday 02/07	Totl Hrs	Hrly Wage	1316.28	1234
sт	0	0	6	6	0	0	0	12	109.69		

When you have completed entering the payroll information for this employee, click **Submit** to save the screen.

Once you are returned to the payroll form, click another owner-operator's **Name** to begin entering payroll information for that operator. Continue to do so until the payroll information for all owner-operators has been entered.

								,		
Operator, Smooth 002-02-0002	TRACTOR, CATERPILLAR	N/A	000001	S		6.00	6.00			12.00
1100 North South Bl	MODEL 814			1½x						0.00
Los Angeles, CA 90099	Straight Rates			2x						0.00
Male/Afro-American/Black [Remove Owner Operator]				Зx						0.00
Smith, Maria J. 999-00-0000	CRANE, KOMATSU	N/A	000002	S						0.00
420 Northern Lights Avenue	MODEL PC 1100 LC-6			11⁄2x						0.00
New City, CA 90000	Straight			2x						0.00
Female/Hispanic [Remove Owner Operator]	Rates			Зx						0.00

Page **O**3

Worker Incident Report [OCIP Contracts]

I

For contracts covered by OCIP, you must also complete the *On-Site Worker Hours Incident Report* (*Incident Report*) by clicking Edit Incident Report.



The Total Hours Worked will be based upon the hours reported on the payroll form. Enter the Number of First Aid Cases, OSHA Recordable Cases, Lost Work Day Cases, Lost Work Days, Restricted Work Days, and Fatalities. *Please note*: make sure not to leave *any* number field blank; if a field is not applicable, enter zero, otherwise the report will not be complete.

Add/	Edit Incident Report		
Home	: Archive : Payroll Form : Add/Edit Incid	dent Report	Deturn to Form
	Information Description	This Week	Comment
1	Total Hours Worked	48	
2	Number of First Aid Cases	0	
3	Number of OSHA Recordable Cases	1	Play him off, keyboard cat.
4	Number of Lost Work Day Cases	0	
5	Number of Lost Work Days	0	
6	Number of Restricted Work Days	0	
7	Number of Fatalities	0	
			Submit

If you need to make any Comments, enter those in the appropriate field. Then, click **Submit**. If you need to make any changes to the incident report, click **Edit Incident Report**.

Hours/Incident Report (Only report your company's information)	
ort	
Information Description	
Total Hours Worked	
Number of First Aid Cases	
Number of OSHA Recordable Cases	
Number of Lost Work Day Cases	
Number of Lost Work Days	
Number of Restricted Work Days	
Number of Fatalities	
	Hours/Incident Report (Only report your company's information) ort Information Description Total Hours Worked Number of First Aid Cases Number of OSHA Recordable Cases Number of Lost Work Day Cases Number of Lost Work Days Number of Restricted Work Days Number of Fatalities

Page**O**4

Submit Payroll Form

Delete Payroll Form

If you have created this payroll form in error and would like to start anew, click **Delete Form**. All data entered on the form will be deleted, and *cannot be recovered*.

	Home	My Account	My Contracts	Employees	Archive	Logout
			Mr. User :: Tuesa	lay , Jan 26, 20	010 De	lete Form
fied Payroll Reporting Sys	stem					
	-					
S Angeles Unified School Di	Strict	RM				

Please note: once a payroll form has been finalized, it can be made editable again, but *can no longer be deleted*. Please verify the accuracy of your payroll data *before* submitting your payroll form.

Finalize Payroll Form

When you have completed entering the payroll information for all the listed employees and owner-operators *(if applicable)*, confirm that the information entered is correct. Once you are satisfied with the payroll form, click **Finalize**.

Contractor's Certified Payrol

Please note: once you click **Finalize**, you will no longer be able to modify this payroll form, so please verify the accuracy of the information *before* you finalize the form.

Public Works Payroll Summary Form/Notice to Public Entity

Prepare Certification Form

Once the payroll form is finalized, click **Prepare Certification** to display the *Public Works Summary Form/Notice to Public Entity (Certification Form)*.

Facilities Ser	vices Division the Learning Community		
Prepare Certification	View Payroll (with Incident Report)	View Payroll	
			Contractor's Certi
Public Works Payr	oll Reporting Form		
Home : Archive : Payr	oll Form		

Review the *Statement of Compliance*, select the appropriate checkboxes regarding the payment of fringe benefits, and confirm that your company's contact information is correct. If you need to update your company's contact information, see *Section 1. My Account* in regard to updating that information.

In addition to the basic fringe benefits have be	s are paid to approved plans, runds or pr hourly wage rates paid to each worker liste en or will be made to the appropriate progr	rograms ed in the above-referenced certified payroll records, payments of rams for the benefit of such employees, except as noted below.
Where Fringe Benefits Each worker listed in th an amount not less that applicable wage determ	s are paid in cash le above-reference corresponding certified n the sum of the applicable hourly wage rat nination, except as noted below.	payroll records has been paid as indicated on the payroll record te plus the amount of the required fringe benefits as listed in the
Exemptions The employees that wo public entity upon requi	rked on the above-referenced project are t est.	rade exempt. Verification of exemption shall be furnished to the
I declare under penalty	of perjury, under the laws of the sta	te of California, that the foregoing is true and correct.
I declare under penalty	To Be Determined	ar
I declare under penalty	To Be Determined	ar
I declare under penalty To Be Determined Name LCP Contractor, Ltd., 1 Public	To Be Determined Title	ar Signature/Date 213-241-9999 / 213-241-9900

Then, click **Submit Document**.

Print Certification Form

Once the certification form is prepared, click **Print Certification**. The completed certification form will be displayed. Print this certification form from your web browser and have the individual whose name appears sign the form. The hard-copy of this certification containing an original wet signature should then be submitted to the Labor Compliance Department.

Facilities S	Gervices Division ing the Learning Communi	ty		
Print Certification	Edit Certification	View Payroll (with Incident Report)	View Payroll	
		Contr	actor's Ce	ertified Payro
Public Works Pa	yroll Reporting F	Form		
Home : Archive : P	ayroll Form			

Please note: if you are the Payroll user and there is another E-Signature user for your company, you will not be able to generate the hard-copy certification form. Instead, you will be prompted to notify the E-Signature user to login and complete the electronic certification. See *Sign and Submit* [*E-Signature Users*] below.

Faciliti	es Ser Building ti	vices Division he Learning Community		
E-Signature Rec	quired	Edit Certification	View Payroll (with Incident Report)	View Payroll
				Contractor's Certi
Public Works	s Payro	oll Reporting For	m	
Home : Archive	e : Payro	oll Form		
	The pag	e at http://www.lasch	ools.org/ says: X	
Contractor Tie	Attentio	on: Company Owner/Part nically sign document.	ner/Executive Officer must	Lo PUBLIC
			nc.	Contractor's L Specialty Licer
L	-	Name of Sub Co	ntractor: LCP vendor	Contractor's L Specialty Licer
	_	Payroll No: 1	Period:01/11/2010 - 01/17/	2010

PageC

Sign and Submit [E-Signature Users]

Once the payroll form is finalized, click E-Sign Certification to display the prepared *Public Works Summary Form/Notice to Public Entity (Certification Form)*.



Review the *Statement of Compliance*, verify that the appropriate checkboxes regarding the payment of fringe benefits have been selected, and confirm that your company's contact information is correct. If you need to update the certification form, click the breadcrumb for **Payroll Form** and then click **Edit Certification**. See *Prepare Certification Form* above in regard to completing the certification form.

	Electronically Su PIN: ••••	bmit Document
Company Address	;	Contact Ph. No./ Fax No.
LCP Contractor, Ltd., 1 Pu	ublic Hwy, New City ,CA 90000	213-241-4647 / 213-241-8356
Name	Title	Signature/Date
Ms. Executive	CEO	
	Regu	ılar
The employees tha public entity upon	t worked on the above-referenced project are request. Nalty of perjury, under the laws of the S	e trade exempt. Verification of exemption shall be furnished to the state of California, that the foregoing is true and correct.
Each worker listed an amount not less applicable wage de	in the above-reference corresponding certifie than the sum of the applicable hourly wage termination, except as noted below.	ed payroll records has been paid as indicated on the payroll record ate plus the amount of the required fringe benefits as listed in the
In addition to the b fringe benefits hav Where Fringe Ben	asic hourly wage rates paid to each worker li: te been or will be made to the appropriate pro tefits are paid in cash	sted in the above-referenced certified payroll records, payments of grams for the benefit of such employees, except as noted below.

To complete the electronic certification, enter your PIN and click Sign and Submit.

View Certification Form/View Payroll Form

If you wish to view or print a copy of the *Public Works Payroll Summary Form/Notice to Public Entity*, click **View Certification**.

Facilities Services Division Building the Learning Community								
View Certification	View Payroll (with Incident Report) View Payroll							
Contractor's Certif								
Public Works Payroll Reporting Form								
Home : Archive : Payroll Form								
1								

If you wish to view or print a copy of the *Public Works Payroll Reporting Form* for your records or for that of your general contractor (*if applicable*), click **View Payroll**. *OCIP Contracts*: If you wish to view or print a copy of the payroll form including the *On-Site Worker Hours/Incident Report*, click **View Payroll (with Incident Report**).

Please note: a hard-copy of the *Public Works Payroll Reporting Form* does not need to be submitted to the Labor Compliance Department.

Page OC

Request to Un-finalize Payroll Form

If you have finalized the payroll form in error, click **Request to Un-finalize**. Once your request has been processed, return to the **Archive** and you will find that payroll form with the form status Editable.

	Home	My Account	My Contracts	Employees	Archive	Logout
		Mr. User :: Wednesday , Jan 27, 2010 Request to Un-Finalize				
II Reporting System						
Jnified School District						
AYROLL REPORTING FORM						

Please note: once the requested payroll form is made editable, the revised payroll form must be finalized and the certification for the revised payroll form must be re-submitted.

Page**70**