



PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR OR SUB CONTRACTOR CONTRACTORS LICENSE # ADDRESS SPECIALTY LICENSE #

PAYROLL NO. FOR WEEK ENDING SELF-INSURED CERTIFICATE # PROJECT OR CONTRACT NO. WORKERS' COMPENSATION POLICY # PROJECT AND LOCATION

Table with columns for employee info, work classification, hours, gross amount earned, deductions, and net wages paid.

Form A 1-131 (New 2-80) (form has been reduced to fit page)

S = Straight Time O = Overtime SDI = State Disability Insurance

\*OTHER - Any other deductions, contributions and/or payment whether or not included or required by prevailing wage determinations must be separately listed. Use extra sheet if necessary

CERTIFICATION must be completed

I, (Name - Print), the undersigned, am (position with business) with the authority to act for and on behalf of (name of business and/or contractor) certify under penalty of perjury that the records or copies thereof submitted and consisting of (description, no. of pages) are the originals or true, full and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

Date: Signature:

A public entity may require a more strict and/or more extensive form of certification.

