In accordance with Connecticut General Statutes, 31-53
Certified Payrolls with a statement of compliance
shall be submitted monthly to the contracting agency.

# PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

## WEEKLY PAYROLL

Connecticut Department of Labor
Wage and Workplace Standards Division
200 Folly Brook Blvd.
Wethersfield, CT 06109

CONTRACTOR NAME AND ADDRESS:

SUBCONTRACTOR NAME & ADDRESS

WORKER'S COMPENSATION INSURANCE CARRIER

POLICY #

EFFECTIVE DATE:
EXPIRATION DATE:

| PAYROLL NUMBER | Week-Ending Date | PROJECT NAME & ADDRESS |
|---|---|---|
| | | |

| EMPLOYEE NAME AND ADDRESS | APPR RATE % | MALE/ FEMALE AND RACE* | WORK CLASSIFICATION / TRADE LICENSES TYPE & NUMBER | DAY AND DATE S | M | T | W | TH | F | S | S-TIME / O-TIME | BASE HOURLY RATE / TOTAL FRINGE BENEFIT PLAN CASH | TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back) | GROSS PAY FOR ALL WORK PERFORMED THIS WEEK | TOTAL DEDUCTIONS FICA | FEDERAL WITH-HOLDING | STATE WITH-HOLDING | OTHER | GROSS PAY FOR THIS PREVAILING RATE JOB | CHECK # AND NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | $ Base Rate<br>$ Cash Fringe | 1. $<br>2. $<br>3. $<br>4. $<br>5. $<br>6. $ | | | | | | | |
| | | | | | | | | | | | | $ Base Rate<br>$ Cash Fringe | 1. $<br>2. $<br>3. $<br>4. $<br>5. $<br>6. $ | | | | | | | |
| | | | | | | | | | | | | $ Base Rate<br>$ Cash Fringe | 1. $<br>2. $<br>3. $<br>4. $<br>5. $<br>6. $ | | | | | | | |
| | | | | | | | | | | | | $ Base Rate<br>$ Cash Fringe | 1. $<br>2. $<br>3. $<br>4. $<br>5. $<br>6. $ | | | | | | | |

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*IF REQUIRED

*SEE REVERSE SIDE

PAGE NUMBER _____OF

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

1) Medical or hospital care_____
2) Pension or retirement_____
3) Life Insurance _____
4) Disability _____
5) Vacation, holiday_____
6) Other (please specify)_____

**CERTIFIED STATEMENT OF COMPLIANCE**

For the week ending date of _____,

I, _____of _____, (hereafter known as Employer)

in my capacity as _____ (title) do hereby certify and state:

All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

A) The records submitted are true and accurate;

B) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection onnecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;

C) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);

D) Each such employee of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;

E) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and

F) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

Submitted on _____ _____
(Date) (Signature)

_____
(Title)

*****THIS IS A PUBLIC DOCUMENT*****
*****DO NOT INCLUDE SOCIAL SECURITY NUMBERS*****

Weekly Payroll Certification For Public Works Projects (Continued)

# PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Week-Ending Date:
Contractor or Subcontractor Business Name:

## WEEKLY PAYROLL

| Employee Name and Address | APPR RATE % | MALE/ FEMALE AND RACE* | WORK CLASSIFICATION / TRADE LICENSES TYPE & NUMBER | DAY AND DATE S | M | T | W | TH | F | S | S-TIME / O-TIME | BASE HOURLY RATE / TOTAL FRINGE BENEFIT PLAN CASH | TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back) | GROSS PAY FOR ALL WORK PERFORMED THIS WEEK | TOTAL DEDUCTIONS FICA | FEDERAL WITH-HOLDING | STATE WITH-HOLDING | OTHER | GROSS PAY FOR THIS PREVAILING RATE JOB | CHECK # AND NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | $ Base Rate | 1. $ 2. $ 3. $ | | | | | | | |
| | | | | | | | | | | | | $ Cash Fringe | 4. $ 5. $ 6. $ | | | | | | | |
| | | | | | | | | | | | | $ Base Rate | 1. $ 2. $ 3. $ | | | | | | | |
| | | | | | | | | | | | | $ Cash Fringe | 4. $ 5. $ 6. $ | | | | | | | |
| | | | | | | | | | | | | $ Base Rate | 1. $ 2. $ 3. $ | | | | | | | |
| | | | | | | | | | | | | $ Cash Fringe | 4. $ 5. $ 6. $ | | | | | | | |
| | | | | | | | | | | | | $ Base Rate | 1. $ 2. $ 3. $ | | | | | | | |
| | | | | | | | | | | | | $ Cash Fringe | 4. $ 5. $ 6. $ | | | | | | | |
| | | | | | | | | | | | | $ Base Rate | 1. $ 2. $ 3. $ | | | | | | | |
| | | | | | | | | | | | | $ Cash Fringe | 4. $ 5. $ 6. $ | | | | | | | |

*IF REQUIRED

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NOTICE: THIS PAGE MUST BE ACCOMPANIED BY A COVER PAGE (FORM # WWS-CP1)