

RI Department of Labor and Training - Division of Workforce Regulation & Safety Professional Regulation Unit/Prevailing Wage Section

1511 Pontiac Avenue Building 70, P.O. Box 20247 Cranston, RI 02920-0943

Rhode Island Certified Weekly Payroll

Contractor:	Points North (CPW Sample Reports)									Subcontractor:										
Address:	371 Canal Park Dr					Address:														
City/Town:	Newport		State:	- F	זו	Zip:		02801		City/T	own:					State:		Zip:		
Phone #:	775 111 111	1	Em	ail:	Joh	nSmith	@Point	sNorth.	com	Pho	ne #:					Email:				
For Week Ending:	5/5/2012		Projec Loca					rk 2904		ort, RI		Wage Decisio	n #:		01234		Decision Date:		5/1/2012	
Name, Address	Work		S	М	Т	W	Т	F	S	Total	Hourly	Hourly				De	eductions			
and Phone Number	Classification	Date:	4/29	4/30	5/1	5/2	5/3	5/4	5/5	Hrs	Rate	Fringe	-		Medi-	-	held	RI	*Other	Net
of Employee	Apprentice %			H	ours W	orked I	Each D	ay	1			Benefit		Security	care	Federal	State	TDI		
Hiko, Lee 120 Jones St	Laborer	P.S.	0	8	8	8	8	8	0	40	22.00	-	\$1012.00							
Springfield, IL 62701		P.O.	0	0	0	0	0	0	4	4	33.00	\$1.75		\$12.00	\$0.00	\$110.00	\$40.00	\$14.00	\$0.00	\$704.00
	0	R.H.	0	0	0	0	0	0	0				\$880.00							
		R.O.	0	0	0	0	0	0	0											
Lew, Matt 84 Amburst Rd	Operator	P.S.	0	8	8	8	8	8	0	40	22.00	-	\$1012.00							
Springfield, IL 62701		P.O.	0	0	0	0	0	0	4	4	33.00	\$2.00		\$21.00	\$11.00	\$150.00	\$52.00	\$12.00	\$0.00	\$942.00
	0	R.H.	0	0	0	0	0	0	0			-	\$1188.00							
		R.O.	0	0	0	0	0	0	0											
Ritz, Jes 41 Cattail Lane	Electrician	P.S.	0	4	0	0	0	0	0	4	20.00		\$80.00							
Springfield, IL 62701		P.O.	0	0	0	0	0	0	0			\$3.15		\$20.00	\$0.00	\$180.00	\$41.00	\$0.00	\$0.00	\$759.00
	0	R.H.	0	0	0	0	0	0	0				\$1000.00							
		R.O.	0	0	0	0	0	0	0											
Wacki, Bill 10 Wards Rd Springfield, IL 62701	Laborer 0	P.S.	0	8	2	0	0	0	0	10	16.00	\$2.50	\$160.00	\$2.00 \$0.00						
		P.O.	0	0	0	0	0	0	0						\$20.00	\$5.00	\$0.00	\$0.00	\$133.00	
		R.H.	0	0	0	0	0	0	0				\$160.00							
		R.O.	0	0	0	0	0	0	0											
		P.S.																		
		P.O.																		
		R.H.																		
		R.O.																		

Legend: P.S.=Prevailing Wage Standard Hours P.O.=Prevailing Wage Overtime Hours R.H.=Regular Hours R.O.=Regular Overtime Hours

*<u>Note</u>: Deductions reported in the "other" column must be listed.

STATEMENT OF COMPLIANCE

	I,	Owner	John Si	mith do h	ereby state:		
		(print name and title of s	gnatory party)				
	(1) That I pav	or supervise the payment	• • • • • • • • • • • • • • • • • • • •	loved by: Po	ints North (CPW Sample Re	norts)	
	(1) 1100 1 100				(contractor or subcor		
	on the	Stable Work 290	4 that d	uring the payroll period	•		
	on the	(project)	<u> </u>	aning the payron period	commonoling on		
	29	day of April	, 20 12 ,	and ending on the	5 day of	May	, 20 12
	(day)	(month)	, <u>vear</u>)	and chaing on the	(dav)	(month)	, <u>20 12</u> (vear)
all nersons empl	,	ect have been paid the full		d that no rehates have		()	
of said	oyeu on salu proje	•	, ,				deductions have been
or salu		Points North (CPW Sample Rep (contractor or subcontra			y wages earned by an		deductions have been
mada aithar dira	othy or indiractly fr	1	,	than narmiaaibla dadu	otiona an defined in Ph	ada Jaland Canaral J	ow Chapter 29,14
		om the full wages earned I					
	-	der this contract required		-	-	-	
		the applicable wage rates		propriate wage determi	nation for the project; t	nat the classifications	s set forth therein for
		with the work they perform		<i>.</i>			Q
.,		d in the above period are o	uly registered in a b	ona fide apprenticeship	program registered w	ith the Rhode Island	State
Apprenticeship C							
(4) That:		RINGE BENEFITS ARE P					
		he basic hourly wage rates					
	benefits as list	ed in the contract have be	en or will be made w	when due, to appropriate	e programs for the ben	efit of such employed	es.
Fringe	Benefits Explanat	ion: Bona fide fringe benef	its are those paid to	approved plans, funds	or programs except th	ose required by Fede	eral or State Law.
Please	specify the type o	f benefits provided:					
1.) Medical or ho	spital care:			4.) Disability:			
2.) Pension or Re	etirement:			5.) Vacation, sick	, holiday:		
3.) Life Insurance	e:			6.) Other (please	specify):		
	(b) WHERE F	RINGE BENEFITS ARE P	AID 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 rate schedule.

(5) In accordance with Chapter 37-13-13, it is mandatory that contractors use these forms for all Rhode Island Department of Labor requests for certified copies of payroll. Failure to submit information on these forms will constitute non-compliance by the responding contractor. These forms must be signed by the owner or an officer of the corporation, certifying that this is a true and exact copy of their payroll records.

	PLEASE PRINT Name and title of owner or officer of the corporation									
	John Smith	Owner								
	SIGNATURE	DATE								
	5/9/2012									
Moreover, any, p	person, firm or corporation who willfully makes a	false or fraudulent statement herein shall be referre	ed to the Rhode							
sland Attorney General for possible criminal prosecution, including fines and imprisonment, and face civil penalties of up to \$15,000 per										
-	misrepr	esentation								