



**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: _____ Subcontractor: _____
 Address: _____ Address: _____
 City/Town: _____ State: _____ Zip: _____ City/Town: _____ State: _____ Zip: _____
 Phone #: _____ Email: _____ Phone #: _____ Email: _____
 For Week Ending: _____ Project/Location: _____ Wage Decision #: _____ Decision Date: _____

****NOTE:** If an employee works more than one trade, please list each classification on separate lines with the corresponding hours they performed that trade and hourly rate paid.

Name, Address and Phone Number of Employee	Work Classification Apprentice %	Date:	S	M	T	W	T	F	S	Total Hrs	Hourly Rate (List all Rates)	Hourly Fringe Benefit	Weekly Gross	Weekly Deductions						
			Hours Worked Each Day											Social Security	Medi-care	Withheld		RI TDI	*Other	Weekly Net
																Federal	State			
		P.S.																		
		P.O.																		
		A.P.S.																		
		A.P.O.																		
		R.H.																		
		R.O.																		
		P.S.																		
		P.O.																		
		A.P.S.																		
		A.P.O.																		
		R.H.																		
		R.O.																		
		P.S.																		
		P.O.																		
		A.P.S.																		
		A.P.O.																		
		R.H.																		
		R.O.																		
		P.S.																		
		P.O.																		
		A.P.S.																		
		A.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 APS= Additional PW Standard Hours APO=Additional PW Overtime Hours

List all PW Projects in APS/APO: _____

*Deductions listed in "Other" column: _____

STATEMENT OF COMPLIANCE

I, _____ do hereby state:

(print name and title of signatory party)

(1) That I pay or supervise the payment of the persons employed by: _____
(contractor or subcontractor)

on the _____, that during the payroll period commencing on _____
(project)
_____ day of _____, 20 _____, and ending on the _____ day of _____, 20 _____
(day) *(month)* *(year)* *(day)* *(month)* *(year)*

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 _____ from the full weekly wages earned by any person and that no deductions have been
(contractor or subcontractor)

made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Rhode Island General Law Chapter 28-14.

(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 the appropriate wage determination for the project; that the classifications set forth therein for each laborer or mechanic conform with the work they performed.

(3) That the apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Rhode Island State Apprenticeship Council.

(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 when due, to appropriate programs for the benefit of such employees.

Fringe Benefits Explanation: Bona fide fringe benefits are those paid to approved plans, funds or programs except those required by Federal or State Law.

Please specify the type of benefits provided:

- | | |
|-------------------------------------|------------------------------------|
| 1.) Medical or hospital care: _____ | 4.) Disability: _____ |
| 2.) Pension or Retirement: _____ | 5.) Vacation, sick, holiday: _____ |
| 3.) Life Insurance: _____ | 6.) Other (please specify): _____ |

(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 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.

SIGNATURE OF OWNER OR OFFICER OF CORPORATION	PRINT NAME & TITLE
DATE	
<small>My signature hereon constitutes my affirmation that the information contained herein is true and accurate regarding the number of employees participating in the prevailing wage program, the prevailing wage standard hours each employee worked, prevailing wage overtime hours, regular hours and overtime hours for each employee as well as the gross wages for each employee. I have confirmed and attest that all the information contained in this document is correct and I understand and acknowledge by my signature that if I provide any inaccurate information on this form, I may be subject to civil penalties and/or referral to the Rhode Island Attorney General for criminal prosecution.</small>	