

RI Department of Labor and Training Page:____ **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 Prevailing Wage Daily Log

Project Name:	Contracto	Contractor:			
Project Location:	Address:				
Date:				Zip	
		Time			
Employee Name (Print)	Job Title/ Classification	In C	Out Emplo	oyee Signature	
I(print name and title) Any contractor who knowingly main Training up to \$500 for each calen	ntains a false or fraudulent daily log		ition in this form is co		
Contractor/Officer's Signature				Date	

^{*} Each contractor working on this project must complete a Daily Log for their employees only.