Amended BOLI Certified Payroll w/ DB

AMENDED PAYROLL FORM **(based upon BOLI WH-38 with Payroll Number, Column 2a, & Columns 8a-8d added to address federal Davis-Bacon Act requirements)**

PAYROLL NUMBER:

PAYROLL/CERTIFIED STATEMENT FORM
FOR USE IN COMPLYING WITH ORS 279C.845*
AND FEDERAL LABOR STANDARDS PROVISIONS

PRIME CONTRACTOR ☐ SUBCONTRACTOR ☐

Business Name (DBA): Phone: ( ) CCB Registration Number:

Project Name: Project Number: Type of Work:

Street Address: Project Location:

Mailing Address: Project County

Date Pay Period Began: Date Pay Period Ended:

THIS SECTION FOR PRIME CONTRACTORS ONLY

Public Contracting Agency Name:
Phone: ( )
Date Contract Specifications First Advertised for Bid:
Contract Amount:

THIS SECTION FOR SUBCONTRACTORS ONLY

Subcontract Amount:
Prime Contractor Business Name (DBA):
Prime Contractor Phone: ( )
Prime Contractor's CCB Registration Number:
Date You Began Work on the Project:

EFFECTIVE 1/1/06, THE HIGHER OF EITHER THE STATE PREVAILING WAGE RATES OR FEDERAL DAVIS-BACON RATES MUST BE PAID TO WORKERS ON PROJECTS IN OREGON SUBJECT TO BOTH THE STATE Prevailing Wage law and the federal DAVIS-BACON ACT.

(1)	(2)	(2a)	(3) DAY AND DATE							(4)	(5)	(6)	(7)	(8)	(8a)	(8b)	(8c)	(8d)	(9)	(10)	(11)
NAME, AND INDIVIDUAL IDENTIFYING NUMBER (e.g. last four digits of social security number) OF WORKER	TRADE, CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)	# OF EXEMPTIONS	HOURS WORKED EACH DAY							TOTAL HOURS	BASE HOURLY RATE OF PAY	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED	ITEMIZED DEDUCTIONS FICA, FED, STATE, ETC					NET WAGES PAID FOR THE WEEK	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM
														FICA	WITH HOLDING TAX			OTHER			
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* Although this form has not been officially approved by the US. Department of Labor, it is designed to meet the requirements of both the state PWR law and the federal Davis-Bacon Act.
** Social Security Number is required for all employees.

CERTIFIED STATEMENT

Date:

I, _____ _____
(NAME OF SIGNATORY PARTY) (TITLE)
do hereby state:
(1) That I pay or supervise the payment of the persons employed by:

_____
(CONTRACTOR, SUBCONTRACTOR OR SURETY)
on the _____; that during the payroll period
(BUILDING OR WORK)
commencing on the _____ day of _____, _____, and ending the _____ day
(MONTH) (YEAR)
of _____, _____, all persons employed on said project have been paid the
(MONTH) (YEAR)
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
(CONTRACTOR, SUBCONTRACTOR OR SURETY)
full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as specified in ORS 652.610, and as defined in Regulations, Part 3 (29 CRF Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. Stat. 967, 76 Stat. 357; 40 U.S.C. 276c), and described below:

_____

(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 any wage determination Incorporated into the contract; that the classifications set forth therein for each worker conform with work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

I HAVE READ THIS CERTIFIED STATEMENT; KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE.

_____
(NAME AND TITLE)

_____
(SIGNATURE AND DATE)

Your project is subject to the federal Davis-Bacon Act requirements, and you must complete and sign this section:

(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 to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(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 contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

FILE THIS FORM WITH THE CONTRACTING AGENCY

NOTE TO CONTRACTORS: YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT.