Department of Labor and Industries
Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
(360) 902-5316

RESET

CERTIFIED PROJECT PAYROLL

Prime Contractor ☐

Subcontractor ☐

Project Name	County	Project or Contract#
Project Address	City	State

For the week ending:
Month / Day / Year

Awarding Agency Name	Phone	Company Name	Phone
Address	City State ZIP+4	Address	City State ZIP+4

Work Classification and Soc Sec# of Employee	Name and Address	Overtime or Regular	Day and Date: Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Rate of Pay	Gross Amount Earned	Deductions: FICA	Withholding Tax				NET WAGES
			Hours Worked Each Day															
		OT								0.00		$ 0.00						$
		RG								0.00		0.00						
		OT								0.00		$ 0.00						$
		RG								0.00		0.00						
		OT								0.00		$ 0.00						$
		RG								0.00		0.00						
		OT								0.00		$ 0.00						$
		RG								0.00		0.00						
		OT								0.00		$ 0.00						$
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		OT								0.00		$ 0.00						$
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		RG								0.00		0.00						
		OT								0.00		$ 0.00						$
		RG								0.00		0.00						
		OT								0.00		$ 0.00						$
		RG								0.00		0.00						
		OT								0.00		$ 0.00						$
		RG								0.00		0.00						

Employee Benefits Distribution and Signature Certification on Reverse

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AFFIRMATION

(1)

Today's Date	Name of signatory party	Title
The above signatory pays or supervises (Name of contractor or subcontractor) the payment of the persons employed by:		
Name of building or work project	Payroll period starting	Payroll period ending
All persons employed on above project have been paid the full weekly wages earned, that no rebates have/will be made either directly or indirectly to or on behalf of the above contractor or subcontractor from the weekly wages earned by any person and that no deduction have been made either directly or indirectly from the full wages earned by any person, other than permissible deduction.		

(2) That any payroll otherwise inder 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 then the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conforms with the work he 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.
That:

(4) 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 below have been or will be made to appropriate programs for the benefits of such employees.

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution.

Print or type name of signatory	Title	Signature

BENEFIT DISTRIBUTION (Please report in "per hour" terms)

Craft/Trade	Hourly Total Benefit Credit	Hourly Pension	Hourly Medical	Hourly Vacation		