

CMM 2-24 Attachment 1 Weekly Payroll Report

WEEKLY PAYROLL REPORT Wisconsin Department of Transportation		The weekly submittal of this form is required by 29 CFR Part 3.																				
Contractor Name: Hired By:		State Project ID:						Federal Project ID:				County:				Payroll Period Week Ending:						
		Daily Hours Worked S=Straight Time, O=Overtime, D=Doubletime							Total Weekly Hours Worked	(A) Basic Hourly Rate	(B) Benefits Hourly Rate		(A)+(B) Total Hourly Rate	Project Wages  Gross Wages	Deductions				Other Payment	Net Paid	Check #	
		SUN	MON	TUE	WED	THU	FRI	SAT			FUND PAYMENT	CASH PAYMENT			FICA	FED WH	ST WH	OTHER (Specify)				
Laborers Flagger or Traffic Controller Journeyman	REFERENCED PROJECT																					
	S	0	0	2.00	2.25	0.25	1.50	0	6.00	26.4000	0	13.9000	40.3000	241.80								
	O	0	0	0	0	0	0	0	0	39.6000	0	13.9000	53.5000	803.33	61.46	82.78	40.79	43.00	0.00	575.30		
	D	0	0	0	0	0	0	0	0	52.8000	0	13.9000	66.7000									
	OTHER PROJECTS (Include private work)							S	23.25													
							O	0.75														
Laborers Flagger or Traffic Controller (Night Shift) Journeyman	REFERENCED PROJECT																					
	S	0	0	0	1.50	2.75	0	0	4.25	27.6500	0	13.9000	41.5500	218.12								
	O	0	0	0	0.75	0	0	0	0.75	41.4800	0	13.9000	55.3800	803.33	61.46	82.78	40.79	43.00	0.00	575.30		
	D	0	0	0	0	0	0	0	0	55.3000	0	13.9000	69.2000									
	OTHER PROJECTS (Include private work)							S	25.00													
							O	0														
Laborers Flagger or Traffic Controller (Night Shift) Journeyman	REFERENCED PROJECT																					
	S	0	0	0	2.25	1.50	2.00	0	5.75	27.6500	0	13.9000	41.5500	266.60								
	O	0	0	0	0	0.50	0	0	0.50	41.4800	0	13.9000	55.3800	747.71	57.20	65.69	36.46	0	0.00	568.36		
	D	0	0	0	0	0	0	0	0	55.3000	0	13.9000	69.2000									
	OTHER PROJECTS (Include private work)							S	16.75													
							O	1.00														

COMPLIANCE STATEMENT TO ACCOMPANY  
 CONTRACTOR'S WEEKLY PAYROLL  
 DT1816 4/2004 (Replaces EC673)

Wisconsin Department of Transportation

The willful falsification of any of the statements on this form may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of the Title 18 and Section 231 of Title 31 of the United States Code.

Adapted from U.S.Department of Labor Form WH-348(1)(68).

No.	State Project ID:	Federal Project ID:	County:	Payroll Period:
Contractor Name: <b>Barricade Flasher Service, Inc.</b>				
<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor Hired By: <b>Payne and Dolan, Inc</b>				
Authorized Agent Name:		Authorized Agent Title:		

I, the undersigned, do state that:

1) I pay, or supervise the payment of the persons employed by the above contractor or subcontractor on the above project. During the payroll period designated above all persons employed on said project have been paid the full weekly wages earned, excepted as noted in Section 1(a) below. No rebates have been or will be made either directly to or indirectly on behalf of said contractor or subcontractor from the full weekly wages earned by any person. No deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat.948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below in Section 1(b).

1 a) Exceptions

Name	Craft	Explanation	When will this person be paid?

1 b) Description of Deductions

fics, federal and state withholding   
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(2) Any payrolls otherwise under this contract required to be submitted for the above period are correct and complete. The wage rates for laborers or mechanics contained are not less than the applicable wage rates contained in any wage determination incorporated in to the contract. The classifications set forth for each laborer or mechanic conform with the work performed.

(3) 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.

4) (a) Where fringe benefits are paid to approved plans, fund, 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

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

Craft	Explanation

Remarks: pension, health and welfare paid direct to fund  
 court ordered garnishment and child support

Signature:

Date: 05/01/2014