

In accordance with Connecticut General Statute, Section 31-57f
 Certified Payrolls with a statement of compliance
 shall be submitted monthly to the contracting state agent upon request.

PAYROLL CERTIFICATION FOR COVERED SERVICE WORKER CONTRACTS

Connecticut Department of Labor
 Wage and Workplace Standards Division
 200 Folly Brook Blvd.
 Wethersfield, CT 06109

WEEKLY PAYROLL

REQUIRED EMPLOYER/CONTRACTOR NAME AND ADDRESS:			CONTRACTING STATE AGENT/STATE AGENCY:				TERM OF CONTRACT:					
PAYROLL NUMBER	WEEK-ENDING DATE	CONTRACT DESCRIPTION AND BID NUMBER:										

EMPLOYEE NAME AND ADDRESS	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							S-TIME	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS SERVICE CONTRACT JOB	CHECK # AND NET PAY	
			S	M	T	W	TH	F	S	O-TIME				FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	OTHER			
			TRADE LICENSES TYPE & NUMBER							O-TIME										
HOURS WORKED EACH DAY							O-TIME													
											\$	1. \$								
											2. \$									
											3. \$									
											4. \$									
											5. \$									
											6. \$									
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											5. \$									
											6. \$									

***Fringe Benefits Explanation (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

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

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of _____

I, _____ of _____ (hereafter known as

Employer) in my capacity as _____ (title) do hereby certify and state:

All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statute Section 31-57f. Further, I hereby certify and state the following:

- A) The records submitted are true and accurate;
- B) The rate of wages paid to each employee is not less than the standard rate of wages as determined by the Labor Commissioner pursuant to section (e);
- C) The Employer has complied with all of the provisions of Section 1, and

D) The employer is aware that filing a certified payroll which it knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years, or both.

Submitted on _____
(Date)

(Signature)

(Title)

*****THIS IS A PUBLIC DOCUMENT***
DO NOT INCLUDE SOCIAL SECURITY NUMBERS**

WEEKLY PAYROLL

EMPLOYEE NAME AND ADDRESS	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							S-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFIT PLAN CASH	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS SERVICE CONTRACT JOB	CHECK # AND NET PAY	
			S	M	T	W	TH	F	S						FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	OTHER			
			HOURS WORKED EACH DAY												O-TIME						
											\$	1. \$									
											\$	2. \$									
											Base Rate	3. \$									
											\$	4. \$									
											Cash Fringe	5. \$									
											\$	6. \$									
											\$	1. \$									
											\$	2. \$									
											Base Rate	3. \$									
											\$	4. \$									
											Cash Fringe	5. \$									
											\$	6. \$									
											\$	1. \$									
											\$	2. \$									
											Base Rate	3. \$									
											\$	4. \$									
											Cash Fringe	5. \$									
											\$	6. \$									

*IF REQUIRED