

INSTRUCTIONS FOR IDOL'S CERTIFIED TRANSCRIPT OF PAYROLL FORM

PLEASE NOTE: THE SUBMISSION OF FALSIFIED PAYROLL RECORDS IS A CRIMINAL OFFENSE.

1. Complete **ALL** items pertaining to the project being investigated.
2. Please note that pertinent information is required on the second sheet. The Subcontractor information, if applicable, is very important, however, it is **ABSOLUTELY IMPERATIVE** that the **AFFIDAVIT** information be completed in its **ENTIRETY** including **SIGNATURE**. If additional forms are needed and copies are made, please be sure to also duplicate the second sheet. A second sheet **MUST** accompany every certified transcript of payroll form showing that you are swearing that the information on each sheet is accurate.
3. Please note that **ALL** hours worked during the week (**P**revaling **W**ages "**PW**" and **N**on prevailing wages "**N**") need to be recorded.
4. Fringe Benefits **MUST** be paid if required for the work classification, regardless of your union or non-union status.
5. If a fringe benefit is paid into a fund, place the letter "**F**" behind the rate; if the benefit is included on the employee's payroll check, place the letter "**E**" behind the rate; credit will be given for health insurance paid, payments made into an ERISA approved pension plan, required vacation and/or training (registration in a BAT approved program). Verification will be required before any credit is awarded.
6. The items requested under the heading, "Contract Information", help to correctly identify the project. If a Contract or Project Number is not known please do your best to secure the information. The information requested for "Project " and "Project Location" should **always** be completed.
7. Questions should be directed to the Labor Conciliator investigating your case.
8. You are invited to visit IDOL'S web site at www.state.il.us/agency/idol for more detailed information regarding application of the Prevailing Wage Act.

**ILLINOIS DEPARTMENT OF LABOR
Certified Transcript of Payroll**

***** Please Note: The submission of falsified payroll records is a criminal offense. *****

IDOL Case File Number: _____
Payroll Date: _____

Contractor and/or Subcontractor	Public Body Information
Contact Person: _____ Company Name: _____ Address: _____ City, State, Zip: _____ Telephone: _____	Contact Person: _____ Public Body Name: _____ Address: _____ City, State, Zip: _____ Telephone: _____
Contract Number: _____ Project Number: _____ Project: _____ Project Location: _____	

Report Hours for Each Day, Including Overtime Hours. List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address SSN & Telephone Number	Labor Classification	* Hours Worked Each Day							Total OT Hrs	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Per Pay Period Net	Pension	Hourly Fringe Benefit Health & Welfare Vac. Training	
		Sun	Mon	Tue	Wed	Thur	Fri	Sat								
		PW														
		N														
		PW														
		N														
		PW														
		N														
		PW														
		N														
		PW														
		N														
		PW														
		N														
		PW														
		N														

INSTRUCTIONS: Fringe benefits (health insurance, pension, vacation, and training) must be paid, if it is required for the work classification, regardless of your union or nonunion status. We give you credit for health insurance paid (if any) and ERISA approved pension plan (if any) and training if your employees are in a BAT approved program. If the fringe benefit rate is paid into a fund, please note by placing the letter "F" behind the fringe benefit rate; if the fringe benefit rate is included on an employee's payroll check, please note by placing the letter "E" behind the fringe benefit rate. On the back of this form please list all subcontractors, independent contractors and owner operator's your company used on this project. If you wish information regarding coverage of the Act, please visit our web site at www.state.il.us/agency/ldol/ or call 217-782-1710.

*PW – Prevailing Hours Worked *N – Non Prevailing Hours Worked



Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: _____

I, _____,
(name signatory party)
_____, do
(Title)

hereby state: that I pay or supervise the payment
of the persons employed on the public works
project _____;

(name of project)
that during the payroll period commencing on the
_____ day of _____,
(day) (month) (year)

all persons employed on said project have been
paid the full weekly wages earned, that no
rebates have been or will be made either directly
or indirectly to or on behalf of said

(name of contractor or subcontractor)
from the full weekly wages earned by any person,
and that no deductions have been made either
directly or indirectly from the full weekly wages
earned by any persons, other than permissible
deductions as defined by Federal and/or State
Law. I further certify that this payroll is correct
and complete; that the wage rates contained
therein are not less than the actual rates herein
stated and that the classification set forth for each
laborers or mechanic conform to the work he/she
performed.

Signature

Digital Signature _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____

(Address)

(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____

(Address)

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