Massachusetts Weekly Certified Payroll Report and Workforce Participation Form

Certified Payroll Report: Pursuant to MGL c. 149, s. 27B, every contractor and subcontractor is required to submit a <u>true and accurate</u> copy of their certified weekly payroll records to the awarding authority by first-class mail or email. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Workforce Participation Goals: The Commonwealth of Massachusetts has set the following goals for workforce participation for minorities and women. The participation goals for this project shall be 15.3% for minorities and 6.9% for women. The Contractor shall strive to achieve on this project the labor workforce participation goals contained herein. The Contractor shall enter the number of hours worked in each trade by each employee, identified as woman, minority, or non-minority below.

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Company name:					Address:							Phone n	umber:			Payrol	Payroll number:				
Employer's signature:					Job title:							Contract Number:		Taxpayer ID Number:		Work week ending:					
Awarding Authority name:					Public Works project name:							Public V	Vorks P	oject Location:		Minimum Wage Rate Sheet number:					
General/Prime Contractor's name:					Subcontractor's name:							Employe				r hourly fringe benefit contributions					
																	(B+C+[D+E) (A x	(F)		
Employee name and Complete address	Work classification	Project hours Non- Minority	Project hours Minority	Project hours Women	Employee is OSHA 10 certified (?)	Approximate Rate Percentage (%)	Hours worked					Project hours (A)					Supplemental unemployment		gross n wages	Check number (H)	
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Apprenticeship Docur	nentation: Ple	ease ans	wer the	questions	s below.	1	1														
Are any apprentic	ce employees	identified	above?	Yes 🗌	No 🗌																
 If yes, are all app If yes, is a copy of 																				ntifical	
above? Yes ☐ N		Je iueniiii	cauon (IL	oj caru iss	oueu by lile IVI/	- Dehammen	it Oi Lab	oi Staff	uarus	(DLO)	, וייוט	ыон он Ар	premide	Stariual	19 (DMO) III	iuueu IO	n an apprendic	e embio	ces luel	ııııeu	
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