PAYROLL REPORT NAME OF CONTRACTOR OR SUBCONTRACTOR PROJECT AND LOCATION		Delaware Department of Labor DIA-Office of Construction Industry Enforcement 252 Chapman Rd. STE 210 Newark, DE 19702 302-318-2798								ADDRESS PHONE: DATE OF PREVAILING WAGE DETERMINATION USED ON THIS PROJECT:									
I ROJECT AND LOCATION		WEEK ENDING DATE CONTRACT NUMBER						DATE OF TREVAILING WAGE DEFERMINATION USED ON THIS PROJECT:											
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	WORK CLASSIFICATION	DAY & DATE & HOURS WORKED EACH DAY							GROSS	DEDUCTIONS					NET	HOURLY			
			<u> </u>				TOTAL HOURS & RATE OF PAY			F PAY	AMOUNT EARNED						WAGES PAID	VALUE OF FRINGES	
			M	Т	W	T	F	S	S	HOURS	RATE		FICA	FWT	SWT				
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	List only those fringe benefits:								
I, (Name of signatory party) (Title)	For which the employer has paid; and Which have been used to offset the full prevailing wage rate.								
(Title)		<i>6</i>							
do hereby state:	(See Delaware Prevailing Wage Regulations for explanati	ion of how hourly value o							
That I pay or supervise the payment of persons employed by	benefits is the be computed.)								
on the	HOURLY COST OF BENEFITS								
(Contractor or Subcontractor)	(List in same order shown on front of record)								
:	Employee								
public project)									
hat during the payroll period commencing on theday of	1.								
, 20 and ending on the day of	2.								
	3.								
, 20all persons employed on said project	4.								
ave been paid the full weekly wages earned, that no rebates have been or will be made ither directly or indirectly to or on behalf of the contractor or subcontractor from the full									
weekly wages earned by any person and that no deductions have been made either directly	5.								
or indirectly from the full wages earned by any person, other than permissible deductions as defined in the prevailing wage regulations of the State of Delaware.	6.								
	7.								
That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained									
herein are not less than applicable wage rates contained in any wage determination	8.								
incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work performed.	I hereby certify that the foregoing information is true and knowledge and belief. I realize that making a false statem State of Delaware								
That 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, and that the	State of Delaware								
worksite ratio of apprentices to mechanics does not exceed the ratio permitted by the prevailing wage regulations of the State of Delaware.	Signature								
prevailing wage regulations of the state of Delaware.	STATE OF	STATE OF							

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC,

THIS _______, A.D. 20_____.

Notary Public

An employer who fails to submit sworn payroll information to the Department of Labor weekly shall be subject to fines of \$1,000.00 and \$5,000. for each violation.