

**BUREAU OF LABOR AND INDUSTRIES
WAGE AND HOUR DIVISION**

**PAYROLL/CERTIFIED STATEMENT FORM WH-38
FOR USE IN COMPLYING WITH ORS 279C.845***

PRIME CONTRACTOR SUBCONTRACTOR PAYROLL NO. _____ FINAL PAYROLL

Business Name (DBA): _____ Phone: _____ CCB Registration Number: _____

Project Name: _____ Project Number: _____ Type of Work: _____

Street Address: _____ Project Location: _____

Mailing Address: _____ Project County: _____

Date Pay Period Began: _____ Date Pay Period Ended: _____

THIS SECTION FOR PRIME CONTRACTORS ONLY

THIS SECTION FOR SUBCONTRACTORS ONLY

Public Contracting Agency Name: **City of Salem, Urban Development Department**
Phone: (503) 588.6178
Date Contract Specifications First Advertised for Bid: _____
Contract Amount: _____

Subcontract Amount: _____
Prime Contractor Business Name (DBA): _____
Prime Contractor Phone: _____
Prime Contractor's CCB Registration Number: _____
Date You Began Work on the Project: _____

(1) NAME, ADDRESS AND EMPLOYEE'S IDENTIFICATION NUMBER	(2) CLASSIFICATION (INCLUDE GROUP # AND APPRENTICESHIP STEP IF APPLICABLE)		(3) DAY AND DATE							(4) TOTAL HOURS	(5) HOURLY BASE RATE	(6) HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	(7) GROSS AMOUNT EARNED (see directions)	(8) ITEMIZED DEDUCTIONS FICA, FED, STATE, ETC.	(9) NET WAGES PAID	(10) HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	(11) NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM
			Sun	Mon	Tues	Wed	Thu	Fri	Sat								
			HOURS WORKED EACH DAY														
		OT											FICA				
		ST											FED				
													State				
													Total				
		OT											FICA				
		ST											FED				
													State				
													Total				
		OT											FICA				
		ST											FED				
													State				
													Total				
		OT											FICA				
		ST											FED				
													State				
													Total				

*Although this form has not been officially approved by the U.S. Department of Labor, it is designed to meet the requirements of both the state PWR law and the federal Davis-Bacon Act.

CERTIFIED STATEMENT

Date: _____

I, _____,
(NAME OF SIGNATORY PARTY) (TITLE)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

(CONTRACTOR, SUBCONTRACTOR OR SURETY)

on the _____; that during the payroll period

(BUILDING OR WORK)

commencing on the ____ day of _____, _____, and ending the ____ day

(MONTH) (YEAR)

of _____, _____, all persons employed on said project have been paid the

(MONTH) (YEAR)

full weekly wages earned, that no rebates have been or will be made either directly or

indirectly to or on behalf of said _____

(CONTRACTOR, SUBCONTRACTOR OR SURETY)

from the full weekly wages earned by any person, and that no deductions have been

made either directly or indirectly from the full wages earned by any person, other than

permissible deductions as specified in ORS 652.610, and 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:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for workers contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each worker conform with work performed.

(3) 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, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

I HAVE READ THIS CERTIFIED STATEMENT, KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE:

(NAME AND TITLE)

(DATE)

In addition to completing sections (1) - (3), if your project is subject to the federal Davis-Bacon Act requirements, complete the following section as well:

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS 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 4(c) below.

(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:

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

**FILE THIS FORM WITH THE PUBLIC AGENCY ASSOCIATED WITH THE PROJECT
NOTE TO CONTRACTORS: YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT.
INSTRUCTIONS AND ADDITIONAL FORMS ARE AVAILABLE ON OUR WEBSITE: WWW.OREGON.GOV/BOLI.**



INSTRUCTIONS FOR COMPLETING THE PREVAILING WAGE RATE PAYROLL/CERTIFIED STATEMENT FORM

This form may be used by contractors for reporting their payroll subject to the Prevailing Wage Rate Law, Davis Bacon Act. The form contains a certified statement that is required to be signed by the contractor, certifying the accuracy of the information reported on the payroll, including representations pertaining to the provision of fringe benefits to employees by third parties. The contractor must provide all of the information contained in the form, and the certified statement must be signed and submitted with the contractor's payroll. Detailed instructions concerning the preparation of the form follow:

Complete the box at the top of the form. Check either the prime contractor or subcontractor box. Be sure to enter the date the contract was first advertised for bid. If you are not sure of this date, contact the organization managing this project.

Column 1 – NAME AND ADDRESS: The employee's full name must be shown on each payroll submitted. The employee's address must also be shown on the first payroll submitted. The address need not be shown on subsequent payrolls submitted unless the address changes.

Column 2 – TRADE CLASSIFICATIONS: List the classification found in the wage decision printed from the DOL web site, this is the most descriptive of the work actually performed by the employee. Give the group number for those worker classifications that include such information. Consult the worker classifications and minimum prevailing wage rate schedule set forth in the contract specifications. Use the appropriate prevailing wage rates in effect at the time the contract was first advertised for bid for information regarding trade classifications, base hourly rates, and hourly fringe benefits. Indicate which workers are apprentices, if any, and give their current percentage, trade classification, and group number when applicable. If an employee works in more than one worker classification, use the highest rate for all hours worked, or use separate line entries to show hours worked, rate of pay, and fringe benefit for each classification.

Column 3 – DAY AND DATE: Enter the day of the week (M, T, W, Th, F, S, and Sn) in the top row of boxes, and the corresponding date below.

HOURS WORKED EACH DAY: Enter the total number of "straight time" hours worked in the row marked "S". Legal holidays should be entered as overtime ("OT") hours worked.

Column 4 – TOTAL HOURS: Enter separately the total number of straight time and overtime hours worked by each listed employee and classification during this pay period. The total number of straight time hours worked should be entered in the lower box ("S"); the total number of overtime hours worked should be entered in the top box ("OT").

Column 5 – BASE HOURLY RATE OF PAY: Enter the base hourly rate and the overtime hourly rate (if any) paid the employee in the appropriate straight time and overtime boxes. (Payment of not less than one and one half times the base or regular rate of pay, not including fringe benefits, is required to be paid in overtime.)

Column 6 – HOURLY FRINGE BENEFIT AMOUNT PAID AS WAGES TO THE EMPLOYEE: Enter any additional wages paid directly to the employee in lieu of fringe benefits. (It is not necessary to pay time and a half for overtime work on those wages that are paid in lieu of fringe benefits.)

Column 7 – GROSS AMOUNT EARNED: Enter gross amount earned on this project. If part of the employees' weekly wages were earned on projects other than the project described on this payroll, enter in column 7 first the amount earned on the DOL project then the gross amount earned during the week on all projects, thus \$63.00/\$120.00.

Column 8 – ITEMIZED DEDUCTIONS, FICA, FED, STATE, ETC.: Enter a list of itemized deductions withheld from the wages of each employee for only those hours reported on this payroll/certified statement for this project. All deductions must be in accordance with the provisions of ORS 652.610 (and 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. Stat. 967, 76 Stat. 357; 40 U.S.C 276c) on projects subject to Davis-Bacon Act.)

Column 9 – NET WAGES PAID FOR WEEK: Enter the total amount of net wages actually paid to the employee after subtracting the total deductions reported in Column 8 from the gross amount earned shown in Column 7.

Column 10 – HOURLY FRINGE BENEFITS PAID TO BENEFITS PARTY, PLAN, FUND OR PROGRAM: Enter the hourly amount of fringe benefits paid to each individually approved party, plan, fund or program for each employee. List these amounts separately on the lines provided. Any contractor who is making payments to approved parties, plans, funds or programs on amounts less than the required hourly fringe benefit is obligated to pay the difference directly to the employee as wages in lieu of fringe benefits, and to show that amount in Column 6 of this form.

Column 11 – NAME OF BENEFIT PARTY, PLAN, FUND OR PROGRAM: Enter the name of the party, plan, fund or program that corresponds to the amount paid as an hourly fringe benefit in Column 10.

CALCULATION CHECK

In order to determine whether the wages and fringe benefits paid are sufficient to meet prevailing wage rate requirements, the following check may be performed:

1. For each trade classification listed in column 2, compute the sum of:
 - a) the Base Hourly Rate of Pay (Column 5),
 - b) the Hourly Fringe Benefit Amount Paid as Wages to Employee (Column 6)
 - c) and the Hourly Fringe Benefits Paid to Benefit Party, Plan, Fund or Program (Column 10).
2. This sum must equal or exceed the total of the Base Hourly Rate (including zone pay and special wage differentials, if any) and the Fringe Benefit Amount as they are listed for the corresponding trade classifications in the appropriate issue of the Federal Davis-Bacon Act wage decision document.

NOTE: PAYROLL/CERTIFIED STATEMENTS ARE REQUIRED TO BE SUBMITTED TO THE CONTRACTING AGENCY ONLY.