

Employee Name*	Employee Address*	Social Security*	Job Title*	Foreman	Apprentice	Classification*	Sex*	Race*
			Journeyman	Owner	% Rate			
			Superintendent					

S = Straight O = Overtime	HRS WORKED EACH DAY/DATE								GROSS AMT EARNED		DEDUCTIONS			OTHER/SPECIFY				
	M	T	W	T	F	S	S	TTL HRS	RATE	THIS PROJECT	THIS WEEK	FICA	FED TAX	STATE TAX		TTL DEDUCTIONS	NET WAGES	TTL FRINGE BENEFITS / HR
	S																	
O																		

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O																		



Date

Name of signatory party

Title

I,
do hereby state:

1. That I pay or supervise the payment of persons employed by

Contractor

Project Name

on the:

that during the payroll period commencing on the ____ day of _____, 20 ____

and ending on the ____ day of _____, 20____ 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 the 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 wages earned by any person, other than permissible deductions as defined in the prevailing wage regulations of the State of Delaware.

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 laborers or mechanics contained therein are not less than applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the 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, and that the worksite ratio of apprentices to mechanics does not exceed the ratio permitted by the prevailing wage regulations of the State of Delaware.

I hereby certify that the foregoing information is true and correct to the best of m knowledge and belief. I realize that making a false statement under oath is a crime in State of Delaware.

Signature

State of

County of

Sworn to and subscribed before me, a notary public,

this ____ day of _____, 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 and \$5,000 for each violation.