Contractor Name\* Business Address\* Contract Registration Number\* FEIN\*

Contract Registration

**PROJECT INFORMATION** 

Project Name\* Project Location(s)\* Contract # / Project #\* Payroll Number\* Date Wages Due & Paid\* Week Ending Date\* Final Payroll

Journeyman

**EMPLOYEE INFORMATION** 

Job Title\* Employee Name\* Employee Address\* Social Security\* Classification\* Sex\* Race\*

> Foreman Superintendent Owner % Rate

Apprentice

ertime		HRS WORKED EACH DAY/DATE									GROSS AM	IT EARNED	DEDUCTIONS			OTHER/ SPECIFY			
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Employee Address\* Social Security\* Job Title\* Classification\* Sex\* Employee Name\* Race\*

Journeyman Foreman Apprentice Superintendent Owner % Rate

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Employee Address\* Social Security\* Job Title\* Classification\* Sex\* Employee Name\* Race\*

> Apprentice Journeyman Foreman Superintendent Owner % Rate

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Employee Name\* Employee Address\* Social Security\* Job Title\* Classification\* Sex\* Race\*

> Journeyman Foreman Apprentice

Superintendent Owner % Rate

OTHER/ SPECIFY O = Overtime HRS WORKED EACH DAY/DATE **GROSS AMT EARNED DEDUCTIONS** W F S S TTL HRS RATE THIS PROJECT THIS WEEK FICA **FED TAX** STATE TAX TTL DEDUCTIONS **NET WAGES** TTL FRINGE BENEFITS / HR S 0

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Employee Name\* Employee Address\* Social Security\* Job Title\* Classification\* Sex\* Race\* Apprentice Journeyman Foreman Superintendent Owner % Rate OTHER/ SPECIFY HRS WORKED EACH DAY/DATE **GROSS AMT EARNED DEDUCTIONS** w F S S TTL HRS RATE THIS PROJECT THIS WEEK FICA **FED TAX** STATE TAX TTL DEDUCTIONS **NET WAGES** TTL FRINGE BENEFITS / HR Ö S 0 Employee Name\* Employee Address\* Social Security\* Job Title\* Classification\* Sex\* Race\* Journeyman Foreman Apprentice Superintendent Owner % Rate OTHER/ SPECIFY HRS WORKED EACH DAY/DATE **GROSS AMT EARNED DEDUCTIONS** М w т F S S TTL HRS RATE THIS PROJECT THIS WEEK FICA **FED TAX** STATE TAX TTL DEDUCTIONS NET WAGES TTL FRINGE BENEFITS / HR S 0 Employee Name\* Employee Address\* Social Security\* Job Title\* Classification\* Sex\* Race\* Journeyman Apprentice Foreman Superintendent % Rate Owner OTHER/ SPECIFY HRS WORKED EACH DAY/DATE **GROSS AMT EARNED DEDUCTIONS** W F S S TTL HRS RATE THIS PROJECT THIS WEEK FICA **FED TAX** STATE TAX TTL DEDUCTIONS **NET WAGES** TTL FRINGE BENEFITS / HR 0 S 0 Employee Name\* Employee Address\* Social Security\* Job Title\* Classification\* Sex\* Race\* Journeyman Foreman Apprentice Superintendent Owner % Rate OTHER/ SPECIFY HRS WORKED EACH DAY/DATE **GROSS AMT EARNED DEDUCTIONS** М w т F S S TTL HRS RATE THIS PROJECT THIS WEEK FICA **FED TAX** STATE TAX TTL DEDUCTIONS **NET WAGES** TTL FRINGE BENEFITS / HR S 0 Job Title\* Employee Name\* Employee Address\* Social Security\* Classification\* Sex\* Race\* Journeyman Foreman Apprentice Owner Superintendent % Rate OTHER/ SPECIFY HRS WORKED EACH DAY/DATE **GROSS AMT EARNED DEDUCTIONS** W F S S TTL HRS RATE THIS PROJECT **THIS WEEK** FICA **FED TAX** STATE TAX TTL DEDUCTIONS **NET WAGES** TTL FRINGE BENEFITS / HR 0 S 0





## **DELAWARE PREVAILING WAGE INFORMATION**

Fringe benefits may be considered in determining whether an employer has met his/her prevailing wage obligations. However, any contributions made by employees must be voluntary. The only fringe benefits which the Delaware Department of Labor will recognize are the following:

» Health Insurance » Holiday Pay

» Life Insurance » Sick Leave Pay

» Disability Insurance » Bereavement Leave

» Retirement Benefits » Education Benefits related to apprenticeship and training programs

» Vacation Pay
» Supplemental Unemployment Benefit

List only those fringe benefits:

For which the employer has paid; and which have been used to offset the full prevailing wage rate.

(See Delaware Prevailing Wage Regulations for explanation of how hourly value of benefits is the be computed.)

To calculate the cost per hour divide 2,000 hours into the total employer benefit cost per year.

EMPLOYEE NAME	HEALTH/ WELFARE	VACATION/ HOLIDAY/ SICK	APPRENTICESHIP/ TRAINING	PENSION/ 401K	OTHER BENEFIT	NAME AND ADDRESS OF FRINGE BENEFIT PLAN OR PROGRAM ADMINISTRATOR	USDOL FILING #/ EIN	THIRD-PARTY TRUSTEE/ CONTRACT PERSON



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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.



Date

Name of signatory party Title 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 \_ 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.

• •	regoing information is true and correct to the best of m knowle g a false statement under oath is a crime in State of Delaware.	dge and:
Signature		
State of	County of	
Sworn to and subscribed	pefore me, a notary public,	
this day of	, A.D. 20	

Notary Public