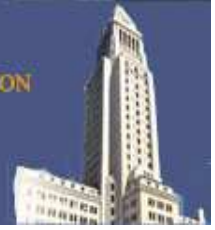**CITY OF LOS ANGELES**
DEPARTMENT OF PUBLIC WORKS-BUREAU OF CONTRACT ADMINISTRATION

ONLINE CERTIFIED PAYROLL SYSTEMS

Online Certified Payroll Systems (OCPS)

User Manual

Table of Contents

WELCOME

Welcome to the Department of Public Works, Bureau of Contract Administration's (BCA) Online Certified Payroll System (OCPS). BCA has developed a web-based application that will allow contractors to submit certified payroll records (CPRs) electronically. Contractors, who are awarded a project, along with their subcontractors and employers of any tier will be given access to the OCPS in order to submit CPRs as required by the California State Labor Code.

The OCPS will allow contractors/subcontractors/employers of any tier to enter and store payroll records from any computer with internet access. BCA has taken the steps necessary to ensure that the information entered will be saved and stored in a secure environment. However, as a reminder, it is recommended that contractors maintain a copy of their payrolls for their own records. While the CPRs will be submitted electronically, a signed Statement of Compliance must be submitted with a wet signature to the Office of Contract Compliance (OCC) as previously required.

The purpose of this User Manual is to provide contractors with a reference when using the OCPS. It can be used as a guide to navigate the system and clarify payroll information that must be entered by the user. Should you have any further questions or if you encounter any technical issues while using the OCPS, please email our email helpdesk at

ocps.help@lacity.org.

REGISTRATION

Prior to gaining access to the online payroll system, users must submit the following two forms (attached here):

1. REQUEST FOR ACCESS TO ONLINE CERTIFIED PAYROLL SYSTEM

Complete the form as described. The OCC will use this form to provide those listed in the form with a login ID and temporary password. This form must be signed by your company's owner, partner, or executive officer, as listed under your contractor's license detail.

When completed, please email the form to OCPS.help@lacity.org. Or mail the form to:

      Bureau of Contract Administration
      Office of Contract Compliance
      Attn: OCPS Help Desk
      1149 S. Broadway, Suite 300
      Los Angeles, CA 90015

A copy of this form can also be viewed at http://bca.lacity.org

2. E-SIGNATURE AUTHORIZATION

Please read the terms of the Authorization Agreement and complete the form as described. The OCC will use this form to grant you access to certify your payrolls electronically. The OCPS will provide you with the opportunity to select a PIN when you log on for the first time.

This form must be signed by your company's owner, partner, or executive officer, as listed under your contractor's license detail.

When completed, please email the form to OCPS.help@lacity.org. Or mail the form to:

      Bureau of Contract Administration
      Office of Contract Compliance
      Attn: OCPS Help Desk
      1149 S. Broadway, Suite 300
      Los Angeles, CA 90015

A copy of this form can also be viewed at http://bca.lacity.org

CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF CONTRACT ADMINISTRATION

REQUEST FOR ACCESS TO ONLINE CERTIFIED PAYROLL SYSTEM

Company Name:	
Mailing Address:	
Project Name:	
Contract No.	

Phone Number(s):		Fax Number(s):	
BTRC:		Contractor License No.:	
Federal Tax ID:			

I, _____, am an owner, partner, or executive officer of the company listed above. I authorize the following employees to submit and certify payrolls on behalf of the company.

Employee Name:	E-mail Address:

Signature of Owner/Partner/Executive Officer:	
Title:	
Date:	

E- Signature Authorization
Online Certified Payroll System (OCPS)
Public Works, Bureau of Contract Administration
Office of Contract Compliance

A hard-copy of this Agreement containing an original wet signature must be filed with the Bureau of Contract Administration (BCA), Office of Contract Compliance (OCC) in order for the contractor to establish a PIN and electronically sign documents online. **This authorization may only be completed by a registered owner, partner, executive officer, or authorized employee (with proof of authorization) of the contractor submitting this form and must contain an original signature to be submitted to the OCC.**

Authorization Agreement

I am an owner, partner, executive officer, or duly authorized employee of the below-listed contractor and have authority to enter into agreements on behalf of the below-listed contractor. By signing this Electronic Signature Authorization Agreement, I authorize the BCA to accept, via electronic submission, documents submitted from the below-listed contractor as required by the BCA's Online Certified Payroll System, which may include, but is not limited to: Certified Payroll Records and Statements of Compliance.

I agree for the below-listed contractor that it will exclusively use BCA's Online Certified Payroll System for all City of Los Angeles public works projects on which the below-listed contractor is required to submit Certified Payroll Reports electronically. I understand that BCA may change the Online Certified Payroll System from time to time. I agree that the below-listed contractor will electronically sign, by use of an established Personal Identification Number (PIN), all documents requiring a signature that are submitted to BCA via its Online Certified Payroll System.

My signature on this form certifies that:
I agree that my Personal Identification Number (PIN) which I establish on BCA's Online Certified Payroll System constitutes my electronic signature. I understand that any information and documents submitted using my PIN is electronically certifying my signature. I understand that I am legally bound, obligated, and responsible by use of my PIN/electronic signature as much as I would be by my handwritten signature. I agree that I will protect my signature from unauthorized use, and that I will contact BCA immediately, upon discovery that my PIN/electronic signature has been lost, stolen, or otherwise compromised. I certify that my PIN/electronic signature is for my own use, that I will keep it confidential, and that I will not delegate it or share it with any individual.

This request is effective immediately upon receipt by the BCA and will remain in effect until I choose to cancel this request via written notification to the BCA. I understand that it is my responsibility to update and/or cancel this request under all circumstances, including my departure or terminated association with the below-listed contractor.

Contractor Information	
Contractor Name:	License No.:
Mailing Address:	Federal Tax ID No.:
	Select One: ☐ Prime Contractor ☐ Subcontractor
Email Address:	Phone No.: Fax No.:

Contactor Signature	
Print Name:	Print Title:
Signature:	Date:

Please send the signed copy of this agreement to: Bureau of Contract Administration
Office of Contract Compliance
Attn: OCPS Help Desk
1149 S. Broadway, Suite 300
Los Angeles, CA 90015

FOR INTERNAL USE ONLY		
Accepted by OCC Analyst:	Signature	Date:

GETTING STARTED

Prior to beginning this section, the user should already have a user ID and password to access the system. If not, please contact OCPS staff prior to proceeding.

Open your preferred web browser and enter the following secured web link: https://bca.lacity.org/cps/LogIn.cfm.

LOGIN INFORMATION

Enter the User ID and password information assigned to you by BCA staff and click Login.

When you log on for the first time, you will be asked to create your own password. Your temporary password will expire after your first successful log on.

You should see the following screen. If you do not see the field, "Select a PIN to Certify Payrolls," then please submit an E-Signature Authorization form as described in the REGISTRATION section of this manual. If you have already done so, and still do not see the described field, please contact OCC.

Change Your Password

Your temporary password has expired, please update your password.

Change Password		
New Password:*	[ ]	Password Rules >Length must be 8 or greater >Length must be 20 or less
Confirm Password:*	[ ]	>Must be alphanumeric >Must contain at least one letter >Must contain at least one digit
Select a PIN to Certify Payrolls:*	[ ]	>A 4 to 6 digits PIN is required
	[Update] [Cancel]	

New Password: Enter your new password. Your password must be between 8 to 20 characters in length and it must also be alphanumeric, containing at least one letter and one number.

Confirm Password: Re-enter your new password in order to confirm that this is the password you intend to use.

Select a PIN to Certify Payrolls: Enter a Personal Identification Number (PIN) that consists of 4 to 6 digits. This will be used to electronically sign your payroll's Statement of Compliance.

Click [Cancel] if you decide not to log in at this time.
Click [Update] to update your password and PIN and login.

Once you are logged on, you will see the home page.

The top of this page will display your company name. Please confirm that this is your company.
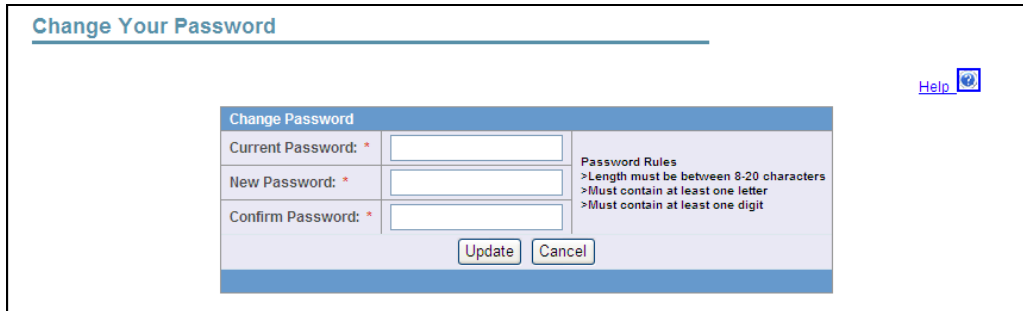
The home page will allow you to navigate through the different modules of the system. Each of the links on the home page is also available in the tabs on the top left hand corner right below the BCA icon.

These tabs will be available to you throughout the entire system. At any time, you may click on Home to return to the home page.

CHANGE PASSWORD

To change your password, click on **Change Password** under **Security** on the home page.

Current Password: Enter your current password. This is to confirm that the correct user is the one attempting to change their password.

New Password: Enter your new password. Your password must be between 8 to 20 characters in length and it must also be alphanumeric, containing at least one letter and one number.

Confirm Password: Re-enter your new password in order to confirm that this is the password you intend to use.

Click on to retain your current password and go back to the home page.
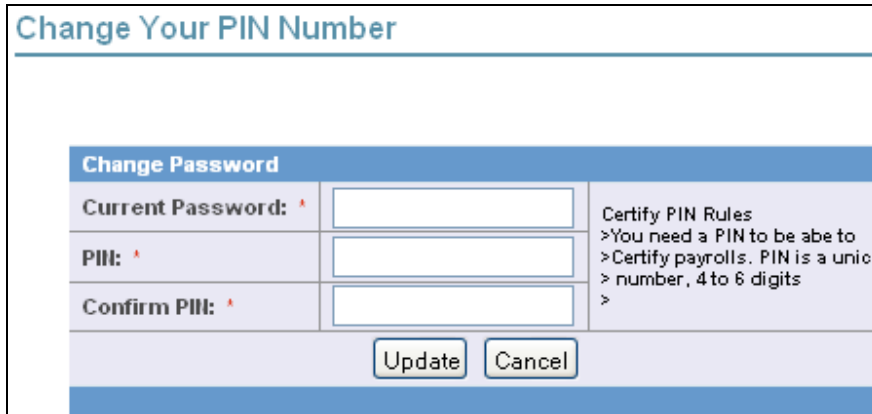Click on to save your new password. You should be given the following prompt.

Click on to confirm the change to your password. You will be returned to the home page.
Click on to go back to editing your new password.

CHANGE PIN

To change your PIN, click on **Change PIN** under **Security** on the home page.

Current Password: Enter your current password. This is to confirm that the correct user is the one attempting to change their PIN.

PIN: Enter your new PIN. Your PIN must be a number that consists of 4 to 6 digits.

Confirm PIN: Re-enter your new PIN in order to confirm that this is the PIN you intend to use.

Click on Cancel to retain your current PIN and go back to the home page.
Click on Update to save your new PIN. You should be given the following prompt.

Click on OK to confirm the change to your PIN. You will be returned to the home page. Click on Cancel to go back to editing your new PIN.

PRIOR to beginning your payroll, follow these steps in order to prevent delays:

1)   Complete the Contact Information for the project

2)   Input the Benefits Administrator

3)   Enter the Fringe Benefits Information

4)   Add Employee Information

CONTACT INFORMATION

Click on **Contact Information** on the Home page. You may also move your cursor over the Project tab and select Contact from the resulting list.

You should see the following screen.

Company information included on this page will automatically populate corresponding fields on the certified payroll. Complete all of the fields. Those indicated with a red asterisk (*) must be completed in order to submit Certified Payrolls for that project. You may make changes at any time by following the same instructions described below.

Make the appropriate selection from the Project Name drop down list.

The project name is populated based on the subcontractor approval process; therefore, if you are a subcontractor who has not yet been approved, you will not be able to submit Certified Payrolls for that project. If you do not see your project on the drop down list, please contact your assigned Labor Compliance analyst.

You may assign one point person for all your projects by selecting "Yes" to apply the contact information to all projects. **This option will delete any contact information previously entered and replace it with the information on the current screen.**

Apply this contact information to all projects?	⦿ Yes ○ No

Click on Cancel to keep the information currently saved as your contact information and go back to the Home page.

Click on Reset to revert back to the previous entry. The reset button can only be used prior to clicking on update.

Once update has been chosen, the information cannot be reset to the previous entry.

Click on Update to save your changes. You will be given the following prompt.

The page at http://bca says:

? Are you sure this information is correct?

OK   Cancel

Click on OK to confirm your changes. Click on Cancel to go back to editing the Project Contact Information.

BENEFITS ADMINISTRATOR

Who is a Benefits Administrator? The Benefits Administrator is a third party trust fund or program to whom benefit payments are irrevocably made on an employee's behalf. Examples of Benefits Administrators include Laborers Trust Fund, Ironworkers Trust Fund, Association of General Contractors, Associated Builders & Contractors, Inc., or Kaiser Permanente.

If benefits are paid directly to employees, proceed to the Fringe Benefits Statement section (pg. 15) of the manual.

If benefits are paid to a third party trust fund or program, this section **must** be completed for the information to be made available when completing the Fringe Benefit Form.

Click on **Benefits Administrator** on the Home page. You may also move your cursor over the Benefits tab and select Benefits Administrator from the resulting list.

HOME	BENEFITS	PROJECT	PAYROLL	FORMS
	Benefit Administrator			
	Fringe Benefits			

You will see a list of plans. This list will include California Apprenticeship Council (CAC) and other Plans you have entered.

HOME	BENEFITS	PROJECT	PAYROLL	FORMS

Benefit Administrator

Help

Current Available Plan(s)

Add New Plan

Plan Name	Administrator	Phone
California Apprenticeship Council	Department of Industrial Relations	

Add New Plan

Total: 1

Contact Us | Terms and Conditions

Click on **Add New Plan**.

Enter the information requested for each field.

Plan Name: Enter a short name to help identify the Administrator listed in the Administrator field below. This name will be transferred over to your Fringe Benefits Statement. If you pay directly to a medical plan indicate the name of the health care plan or pension fund (ex. Kaiser Permanente or Fidelity)

Administrator: Enter the name of the third party trust fund/program to whom payments are made.

Click on [Reset] to delete the information just entered.

Click on [Cancel] to return to the list of Plans without saving the information entered.

Click on [Add] to save the information entered. Afterwards, you will be given the following prompt.
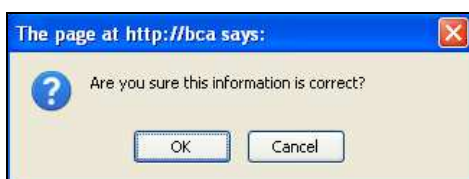
Click on [Cancel] to go back to editing benefits administrator. Click on [OK] to confirm that the information you entered is correct. You will be returned to the list of Plans with confirmation that a new plan has been added.

If you would like to view or edit the information entered, click on the plan name you wish to view.

You may edit the Phone and Address Information. Highlight the information you would like to edit, and enter the new information.

Click on Back to return to the list of Plans.

Click on update to update the information for this plan.

FRINGE BENEFITS

To begin entering a Fringe Benefits Statements (FBS), click on **Fringe Benefits** on the Home page. You may also move your cursor over the Benefits tab and select Fringe Benefits from the resulting list.

You will see a list of classifications for which a FBS have already been created.

To start a new FBS, click on **Add New Statement**.

rev 08/20

Add New Fringe Benefits Statement	
Classification Used: *	Elevator Constructor Mechanic
Description (15 chr): *	union
Effective Date: *	08/22/2007
Expiration Date: *	12/31/2010
Check if benefits are paid directly to employee:	☐

Enter all the required information

Classification Used: Use the drop down list to select the applicable work classification. If a classification is missing from the list, please contact OCPS staff to assist you.

Description: Create a short name which can be used to help uniquely identify the created FBS.

The effective and expiration dates are important. All of the days in the payrolls' work week must fall within the effective and expiration dates for the system to allow the input of an employee's hours.

Effective Date: Date when the FBS becomes effective

Expiration Date: Date when the FBS will be superseded.
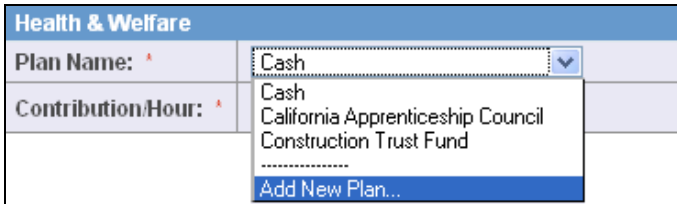
Check if benefits are paid directly to employee: With the exception of the training fund, if all of the remaining benefits are paid directly to the employee, then checkmark the box. This will result in the removal of the non-applicable fringe benefits categories. Therefore, if any fringe benefits are paid to a third party trust fund/program, then do not checkmark the box.

Health & Welfare		Pension	
Plan Name: *	Construction Trust Fund	Plan Name: *	Construction Trust Fund
Contribution/Hour: *	$ 8.280	Contribution/Hour: *	$ 6.060

Vacation/Holiday		Other Fringe Benefits	
Plan Name: *	Construction Trust Fund	Plan Name: *	Construction Trust Fund
Contribution/Hour: *	$ 2.480	Contribution/Hour: *	$ 0.180

Training	
Plan Name: *	Construction Trust Fund
Contribution/Hour: *	$ 0.550

For each of the remaining fringe benefits categories, make the appropriate selection from the Plan Name drop down list. This list is comprised of the user entered information from the Benefits Administrator module. If any of the categories are paid directly to the employee, select "Cash" from the Plan Name drop down list. Proceed to enter an amount in the Contribution/Hour field for each of the categories. The hourly contribution amounts entered here will be used to populate the fringe benefits fields on the Certified Payroll if this classification is chosen for a particular worker.

Please note: In the event that a work classification does not require training fund contributions, then select "California Apprenticeship Council" and enter $0.00 as the Contribution/Hour amount.

If the Plan Name you intend to use does not exist, click on "Add New Plan" to go to a blank Benefits Administrator form.

(Please note: when adding a new plan, information already entered in the FBS will be retained for your convenience and will re-appear once you complete the Benefits Adminstrator form and return to the FBS form). Complete Benefits Administrator form as previously instructed in the Benefits Administrator section (pg. 13) of the manual.

Click on [Reset] to delete all the changes entered prior to saving.

Click on [Cancel] to return to the list of Plans.

Click on [Add] to save the information entered and return to the FBS being added.

Continue completing the FBS by selecting a Plan Name and entering the corresponding Contribution/Hour amount as described above.

Click on [Cancel] to return to the list of FBS.

Click on [Add] to save the information entered. You should receive the following prompt.

Click on [Cancel] if you would like to go back to editing FBS. Click on [OK] to confirm that the information you entered is correct. You will be returned to the list of FBS.

Fringe Benefits Statement

Fringe Benefits statement for Elevator Constructor Mechanic has been added sucessfully.

Active Statement(s)			
Add New Statement			
Classification	Effective Date	Expiration Date	Expired
Electrical Utility Lineman/Cable Splicer	12/01/2010	12/31/2011	No
Carpenter Cabinet Install/Insulation Install/Hardwood Floor/Acoustical Installer	08/22/2007	12/31/2010	No
Elevator Constructor Mechanic	08/22/2007	12/31/2010	No
Laborer Group 1	08/22/2007	12/31/2010	No
Carpenter Cabinet Install/Insulation Install/Hardwood Floor/Acoustical Installer	08/22/2008	02/22/2009	🏴
Add New Statement			
Total: 5			

Once you have added and saved a FBS, it cannot be edited. However, you may view the information you entered. To view a FBS, click on the FBS you wish to view.

View Fringe Benefits Statement	
Classification Used: *	Elevator Constructor Mechanic
Description (15 chr): *	union
Effective Date: *	08/22/2007
Expiration Date: *	12/31/2010
Check if benefits are paid directly to employee:	No

Health & Welfare		Pension	
Plan Name: *	Construction Trust Fund	Plan Name: *	Construction Trust Fund
Contribution/Hour: *	$ 8.28	Contribution/Hour: *	$ 6.06

Vacation/Holiday		Other Fringe Benefits	
Plan Name: *	Construction Trust Fund	Plan Name: *	Construction Trust Fund
Contribution/Hour: *	$ 2.48	Contribution/Hour: *	$ 0.18

Training	
Plan Name: *	Construction Trust Fund
Contribution/Hour: *	$ 0.55

Back

Click on Back to return to the list of FBS.

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EMPLOYEE INFORMATION

In this module, you can enter all the employee information for those working on public works projects with the City of Los Angeles. This includes owners, superintendents, foremen, and any other exempt employees performing work covered by prevailing wage.

To begin entering worker information, click on **Add Employee** on the home page.

Complete all the fields in the **Employee Details** tab, but the required fields are indicated with a red asterisk (*).

Social Security: The full social security number should be disclosed the first time an employee is entered into the system. After an employee has been entered, only the last four digits of the social security number will appear on the module.

Gender and Ethnicity: This information is being collected by the city for reporting purposes.

Marital Status and No. of Dependents: Information provided should match the Form W-4 submitted by the employee.

Address: Enter an address for the employee. P.O. Boxes should not be used for the employee's address.

Address Line 2: This field may be used if your address does not fit in address 1. Otherwise, leave it blank.

Work Class: Select one of the DIR recognized prevailing wage classifications from the drop down list for this employee. If there is a classification missing from the list, please contact OCPS staff for assistance.

Basic Rate: This rate refers to the basic hourly rate paid directly to the employee in cash. This amount can include fringe benefits that are being paid directly to the worker instead of a third party trust fund/program.

OT Rate (x1.5): Hourly overtime rate for hours worked that require time and a half compensation.

OT Rate(x2): Hourly overtime rate for hours worked that require double time compensation.

To assign default rates for other classifications for the same employee, complete the proper fields. **Additional wages are not required**.

Once information has been saved, only Marital Status and No. of Dependents may be revised.

Click on [**Reset**] to delete all the revisions entered. Reset will also delete information entered in previous tabs that has yet to be saved.

Click on [**Finish**] to save all the information entered in all three tabs and return to the Employee List.

Employees

Help [?]

Elevator Worker was added successfully.

Employee Lookup	
First Name:	
Last Name:	
Search	

Employee List

Add Employee			
Employee Name	Last 4 SSN	Gender	View
Elevator Worker	*****7298	Male	Payroll
Add Employee			

LOOK UP EMPLOYEE

Once an employee has been entered, you can review their information by following these steps.

Click on **Look Up Employee** on the home page. You may also move your cursor over the Payroll tab and select Employees from the resulting list.

You should see the same list of employees as in the previous section. Click on an employee's name to view previously entered information.

Of the previously entered information in the **Employee Details** tab, only Marital Status and No. of Dependents may be revised.

Worker Status: This field can be revised at any time. *Active* is the default worker status. *Inactive* should be selected for employees who are no longer in your employment. Inactive workers will be removed from the drop down list of your company's list of Active employees.

Click on **Back** to retain existing information without saving current changes and go back to the employee list.

Click on **Reset** to delete all the revisions entered.

Click on **Update** to save all the information just entered.

To change the employee's address, click on the **Address** tab.

Edit the address information you would like to change.

Click on [Back] to retain existing information without saving current changes and go back to the employee list.

Click on [Reset] to delete all the revisions entered. Reset will also delete information entered in previous tabs that has yet to be saved.

Click on [Update] to save all the information just entered.

If you would like to edit the default wages for an employee's particular classification, click on the **Wages** tab.

From the list, select the work class that you would like to edit. Delete the current amount listed for Basic Rate, OT Rate (x1.5), OT Rate (x2), or all rates, and input the new hourly rate for each corresponding field.

Basic Rate: $	41.27	OT Rate (x1.5): $	61.905	OT Rate (x2): $	82.54

Click on **Update** to save all the information just entered.

Click on **Reset** to delete all the revisions entered. Reset will also delete information entered in previous tabs that has yet to be saved.

To add another classification for an employee, click on the **New Wage** tab.

New Wage

To add, select the work class, enter the pay rates, then click the Add button.

Work Classification
Landscap/Irrigation Tender
Landscape Hydro Seeder
Landscape Maintenance Laborer
Landscape Operating Engineer
Landscape/Irrigation Laborer
Landscape/Irrigation Laborer Appr Step 1
Landscape/Irrigation Laborer Appr Step 2

Basic Rate: $	36.84	OT Rate (x1.5): $	48.51	OT Rate (x2): $	60.17

Add   Reset   Back

From the list, select the work class that you would like to add. Enter the employee's Basic Rate, OT Rate (x1.5), and OT Rate (x2) for this classification.

Click on **Reset** to delete all the revisions entered. Reset will also delete information entered in previous tabs that has yet to be saved.

Click on **Add** to save all the information just entered.

From the Employees screen, you may add new employees or review the payrolls in which the employees are listed.

To review the payrolls in which a specific employee is listed:

1) Click on **Payroll** on the line corresponding to the employee's name whose payroll you would like to view.

Elevator Worker	*****7298	Male	Payroll

2) A list of all the payrolls where the employee has been listed will be populated

Payroll List

Payroll Details		
09/13/2009 ATSAC - COASTAL/ WEST LA TRANSPORTATION IMPROVEMENT ATSAC SYSTEM Electrician Transportation Systems Tech	08/30/2009 ATSAC - COASTAL/ WEST LA TRANSPORTATION IMPROVEMENT ATSAC SYSTEM Electrician Transportation Systems Tech	08/23/2009 ATSAC - COASTAL/ WEST LA TRANSPORTATION IMPROVEMENT ATSAC SYSTEM Electrician Transportation Systems Tech
06/21/2009 SEPULVEDA BLVD REVERSIBLE LANE, BIKE LAND AND INTERSECTION IMPROVEMENTS Operating Engineer Group 08		

3) Click on the specific week ending date to review the details of the payroll.

Employee Payroll-Edit

Worker Information	
Project Name:	ATSAC - COASTAL/ WEST LA TRANSPORTATION IMPROVEMENT ATSAC SYSTEM
Worker Name:	Aa A
SSN:	****6856
Week Ending:	08/30/2009
Classification:	Electrician Transportation Systems Tech

Back

Note: Adobe Acrobat Reader is required when printing payroll.

[+] Click to View Hours Worked

[+] Click to View Earnings & Deductions

4) Click on [+] to view the detailed information on either Hours Worked or Earnings & Deductions.

5) Click on Back to go to the full details of the specific payroll.

PAYROLL

At this point, you should have entered Contact Information, Benefits Administrator, Fringe Benefits Statements, and Employees. Using this information, you can now proceed to adding a payroll for a project.

Once you have confirmed that you are ready to proceed, click on **Add Payroll** on the Home Page. You may also move your cursor over the Payroll tab and select New Payroll from the resulting list.

HOME	BENEFITS	PROJECT	PAYROLL	FORMS
			Employees	
			New Payroll	
			Payroll List	

You should see the following screen.

New Payroll

Help

Add New Payroll

Project Name: *	SELECT A PROJECT
Week Ending: *	
Payroll Number: *	
Is this a non-performance payroll?	○ Yes ● No
Is this the final payroll?	○ Yes ● No

[Add] [Reset] [Cancel]

Project Name: Make the appropriate selection from the Project Name drop down list. The project list is . based on the subcontractor approval process. Therefore, if you are a subcontractor who has not yet been approved, you will not be able to submit Certified Payrolls for that project. If you do not see your project on the drop down list, please contact OCPS staff.

Week Ending: Enter the appropriate payroll week ending date for the project you selected.**Once you enter a date for this particular project's first payroll, you will NOT be able to change this date**. Every payroll thereafter will automatically be given the date seven days after the previous payroll.

Payroll Number: After you have selected a project, this number will be automatically generated in sequential order.

Is this a non-performance payroll?: The default value for this selection is no. However, if no hours were worked during the specified payroll week, then select yes. If you select yes, you will not be able to add an employee to this payroll at any time.

Is this the final payroll?: The default value for this selection is no. However, if this is the last payroll for the project that you chose, then select yes. If you select yes, you will not be able to add any payrolls for any work performed following this payroll week.

Click on [Reset] to delete the information entered.

Click on [Cancel] to go back to a list of payrolls added without adding the current one.

Click on [Add] to proceed adding the current payroll. You will be given a prompt to confirm that you would like to add this payroll.

Click on [Cancel] to go back to editing the current payroll's information such as week ending date. **You will not be able to change the payroll week ending date once you add this payroll**. The date you enter will be used to automatically generate the week ending date in increments of seven days for subsequent payrolls for this project. Click on [OK] to confirm that the information you entered is correct, including the Week ending date. You will be returned to the list of payrolls.

Payroll

Help

Payroll Lookup

Project:	All
Payroll Number:	
Week Ending :	

Search

Payroll List

Add Payroll

Project Name	Payroll Number	Week Ending	Non-Performance	Final Payroll	Compliance Statement Submitted	Certified
FIRE STATION #62 - MAR VISTA @ 11970 W VENICE BLVD	3	05/10/2008	No	No	No	No
FIRE STATION #62 - MAR VISTA @ 11970 W VENICE BLVD	2	05/03/2008	No	No	No	No
FIRE STATION #62 - MAR VISTA @ 11970 W VENICE BLVD	1	04/26/2008	No	No	No	No
FIRE STATION #87 -- NORTHRIDGE @ 10124 BALBOA BL	1	03/18/2010	No	No	No	No
HOLLENBECK REPL STATION @ 2111 E FIRST ST	4	04/12/2009	No	No	No	No
HOLLENBECK REPL STATION @ 2111 E FIRST ST	3	04/05/2009	No	No	No	No
HOLLENBECK REPL STATION @ 2111 E FIRST ST	2	03/29/2009	No	No	No	No
HOLLENBECK REPL STATION @ 2111 E FIRST ST	1	03/22/2009	No	No	No	Yes

You may add as many payrolls as you choose for a project, and you may also enter information onto the payroll in any order. However, payrolls must be certified in sequential order.

To begin entering information on a payroll, click on the project name corresponding to the payroll number and week ending date that you would like to edit.

FIRE STATION #62 - MAR VISTA @ 11970 W VENICE BLVD	3	05/10/2008	No	No	No	No

You will see the payroll information for the payroll that you selected.

Payroll Information

Project Name:	VERMONT AVE TO SLAUSON AVE TO 74TH ST (CIP/STP) ST LTG PROJ
Week Ending :	07/03/2011
Payroll Number:	26
Is this a non-performance payroll?	○ Yes ⊙ No
Is this the final payroll?	○ Yes ⊙ No
Is this payroll certified?	No
	Update Certify Back

Note: Adobe Acrobat Reader is required to certify/or open a payroll.

As soon as you add an employee to this payroll, their names will appear on the bottom half of the screen.

Employee(s) on this Payroll

There are no employees in this payroll.

Add Payee >   Back

Click on Back to return to the list of payrolls.

Click on Add Payee > to add an employee to this payroll. You will be given the following prompt.

The page at https://bca.lacity.org says:

Are you sure you want to add a payee to this payroll?

OK   Cancel

Click on Cancel to return to the payroll you originally selected. Otherwise click on OK to proceed to selecting an employee.

Select Employee

Employee Name:	Select an employee
Classification:	Select an active Fringe Benefit
	BACK NEXT RESET

Employee Name: Select one of the employees from the drop down list. This list is based on user entered information on the Employee screen.

Employee Name:	Select an employee	⌄
	Select an employee	
	Add New Employee...	

	Elevator Worker	
	Landscape Worker	

If you would like to add a new employee, select *Add New Employee…* from the drop down list to return to a blank employee details form. Add a new employee following the same directions as above. Once you have completed that process, return to the payroll to add that employee to this project's payroll.

Classification: Select one of the fringe benefits that you added to the system prior to beginning a payroll from the drop down list. Remember to select a fringe benefit that incorporates the entire work week for this payroll. In addition to the classification, the description and the expiration date entered for the FBS are shown to help you choose the appropriate FBS. If you select a classification that is also listed under this employee's Wages tab, then the default wage information previously entered will be used in the upcoming screens.

You must select an FBS that incorporates the work week for this payroll.

Classification:	Select an active Fringe Benefit	⌄
	Select an active Fringe Benefit	

	Carpenter Cabinet Install/Insulation Install/Hardwood Floor/Acoustical Installer --- non-union ---Class ID:59 --- Expires:12/31/	
	Elevator Constructor Mechanic --- union ---Class ID:258 --- Expires:12/31/2010	
	Laborer Group 1 --- union ---Class ID:359 --- Expires:12/31/2010	
	Landscape/Irrigation Laborer --- non-union ---Class ID:377 --- Expires:12/31/2010	

Click on BACK to return to the payroll information.
Click on RESET to reset the selections you have made on this screen.
Click on NEXT to proceed to entering hours for this payroll.

Employee:	Elevator Guy						
Classification:	Elevator Constructor Mechanic - union						
Date & Day							
	Sunday (hrs)	Monday (hrs)	Tuesday (hrs)	Wednesday (hrs)	Thursday (hrs)	Friday (hrs)	Saturday (hrs)
Date	09/02/2007	09/03/2007	09/04/2007	09/05/2007	09/06/2007	09/07/2007	09/08/2007
Std Hours Worked	0	0	8.00	0.00	0	0	0
Special/Foreman Rate	0	0	0	8.00	0.00	0	0
OT Hours Worked (x1.5)	0	0	1.00	0	0	0	0
OT Hours Worked (x2.0)	0	0	1.00	0	0	0	0
Rainy Day?	☐	☐	☐	☐	☐	☐	☐

BACK NEXT RESET

Std Hours Worked: Enter the appropriate number of standard hours worked for the corresponding day.

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Special/Foreman Rate: If an employee is paid at a different rate for only part of this work week, then enter the appropriate number of "special" or unique hours for the corresponding day. This is separate from employees working multiple classifications.

OT Hours Worked (x1.5): If overtime is worked, enter the appropriate number of 1.5x hours worked for the corresponding day.

OT Hours Worked (x2.0): If overtime is worked, enter the appropriate number of x2.0 hours worked for the corresponding day.

Rainy Day?: Indicate if no work was performed due to a rainy day.

Click on BACK to return to the employee selection screen.
Click on RESET to reset the information entered on this screen.
Click on NEXT to proceed to entering wage information for this payroll.

Selected Information	
Project Name:	STA MONICA BL (4600 BLK) - ESR
Worker Name:	Elevator Guy
SSN:	*****4982
Classification:	258 - Elevator Constructor Mechanic
Week Ending:	09/08/2007

Information regarding the payroll and the worker listed on the payroll is shown above. Below is the pay rate and earnings information for this work week which includes information for this project and other projects as well.

Pay Rate and Earnings this Work Week				
Basic Hourly Rate:	8 hours	$ 58.26	Std Gross Earned This Project:	$ 466.08
Special/Foreman Hrs:	8 hours	$ 0	Other Rates This Project:	$ 0
Hourly OT (x1.5) Rate:	1 hours	$ 78.89	OT (x1.5) Gross Earned This Project:	$ 78.89
Hourly OT (2x) Rate:	1 hours	$ 99.53	OT (2x) Gross Earned This Project:	$ 99.53
Std Gross Earned All Projects:		$ 0	Other Rates All Projects:	$ 0
OT (x1.5) Gross Earned All Projects:		$ 0	OT (2x) Gross Earned All Projects:	$ 0

BACK   NEXT   RESET

If you selected a classification that is also listed under this employee's **Wages** tab, then the default wage information previously entered will automatically populate the Basic Hourly Rate, Hourly OT (1.5x) Rate, and Hourly OT (2x) Rate. However, you may modify these rates by deleting and entering the appropriate rates.

Pay Rate and Earnings this Work Week		
Basic Hourly Rate:	8 hours	$ 58.26
Special/Foreman Hrs:	8 hours	$ 0
Hourly OT (x1.5) Rate:	1 hours	$ 78.89
Hourly OT (2x) Rate:	1 hours	$ 99.53

If any number of hours appear on the rows, enter the appropriate hourly rate that this employee is receiving for the number of hours listed in that row.

Special/Foreman Hrs:	8 hours	$ 59.26

The number of hours listed on this page is calculated based on the hours entered on the previous screen.

Basic Hourly Rate:	8 hours
Special/Foreman Hrs:	8 hours
Hourly OT (x1.5) Rate:	1 hours
Hourly OT (2x) Rate:	1 hours

The Std Gross, OT (1.5x) Gross, and OT (2x) Gross earned for this Project are calculated based on the number of hours entered for a particular rate description (e.g. Std Hours) and the rates associated with that rate description.

If the hours are incorrect, click on BACK to return to editing the employee's hours. Also, if there are hours that have been worked at a different "Special/Foreman" rate, then enter that gross amount for this project under "Other Rates This Project."

Std Gross Earned This Project:	$ 466.08
Other Rates This Project:	$ 0
OT (x1.5) Gross Earned This Project:	$ 78.89
OT (2x) Gross Earned This Project:	$ 99.53

The Std Gross, Other Rates, OT (1.5x) Gross, and OT (2x) Gross earned for All Projects should be entered based on the gross amounts earned for each rate description for all projects including publicly and privately funded projects.

Std Gross Earned All Projects:	$ 0	Other Rates All Projects:	$ 0
OT (x1.5) Gross Earned All Projects:	$ 0	OT (2x) Gross Earned All Projects:	$ 0

Click on BACK to return to editing the employee's hours.

Click on RESET to delete the information entered on this screen.

Click on NEXT to proceed to entering deductions, contributions, and payments information for this payroll.

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You will see the following screen.

The Contributions and Payments for this Work Week should include amounts paid on behalf of the employee for their work on this project only. The gross amounts automatically entered for Vac./Hol, Health & Welfare, Pension, Training, Travel/Subs., and Other Fringe Payments are calculated based on the hourly amounts listed on the selected Fringe Benefits Statement and the number of hours previously entered. Please review the calculated gross amounts for each category to determine if these calculations are correct. If you feel that the amounts shown are incorrect, delete the number, and replace it with the appropriate amount.

The Deductions for this Work Week should include any amount deducted, regardless of project, from the worker's paycheck during this payroll's work week. These deductions may include Federal and State taxes, Fund Administration fees, Union Dues, Savings, or Special Deductions.

Deductions for this Work Week (All Projects)

Federal Income Tax:	FICA (Social Security):	State Income Tax:	SDI:	Fund Admin:	Dues:	Savings:
$ 109.62	$ 85.01	$ 33.56	$ 12.30	$ 0	$ 0	$ 0

If a special deduction is being taken from the worker's paycheck, please describe and specify the reasons for this deduction.

Special Deduction:	$ 50.00	Reasons:	Alimony

As deductions are entered in the various fields, a running total of all of the deductions is being calculated. That number is shown in the "Total Deductions" field. Based on the Total Deductions, the Net Wages field is being calculated. If you feel that either of these amounts shown are incorrect, delete the number, and replace it with the appropriate amount.

Total Deductions:	$ 290.49	Net Wage:	$ 828.0899

Lastly, enter the check number paid to the employee for this work week.

Check Number:	1050

Click on **BACK** to return to editing the employee's gross earnings.

Click on **RESET** to reset the information entered on this screen.

Click on **FINISH** to complete your entry for this employee, and you should receive the following confirmation.

Elevator Guy's payroll for week ending 09/08/2007 was successfully added.

Payroll Information

Project Name:	STA MONICA BL (4600 BLK) - ESR
Week Ending :	09/08/2007
Payroll Number:	4
Is this a non-performance payroll?	○ Yes ⊙ No
Is this the final payroll?	○ Yes ⊙ No
Is this payroll certified?	No

[Update] [Certify] [Back]

Note: Adobe Acrobat Reader is required to certify or open a payroll.

Employee(s) on this Payroll

Elevator Guy *****4982 Elevator Constructor Mechanic		

[Add Payee >] [Back]

Click on **Add Payee >** to add additional employees to this payroll, and repeat the steps as outlined above.

Click on **BACK** to return to the list of payrolls.

If you would like to edit the information for any of the employees entered, click on the name of the employee you would like to edit.

Elevator Guy *****4982
Elevator Constructor Mechanic

You should see the following screen.

Worker Information	
Project Name:	STA MONICA BL (4600 BLK) - ESR
Worker Name:	Elevator Guy
SSN:	****4982
Week Ending:	09/08/2007
Classification:	Elevator Constructor Mechanic

Update   Delete   Reset   Cancel

Note: Adobe Acrobat Reader is required when printing payroll.

[+] Click to Update Hours Worked

[+] Click to Update Earnings & Deductions

Please note that once you have certified this payroll, you will not have the opportunity to edit any employee information.

Click on **Delete** to delete them from the payroll.

Click on **Update** once you have selected the appropriate classification.

Click on **Reset** to delete all the revisions entered.

Click on **Cancel** to return to the payroll screen.

To edit the Hours Worked or the Earnings & Deductions, follow the descriptions as stated.

[-] Click to Update Hours Worked

Hours Worked							
	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Date	09/02/2007	09/03/2007	09/04/2007	09/05/2007	09/06/2007	09/07/2007	09/08/2007
Std Hours Worked	0 Hrs	0 Hrs	8 Hrs	0 Hrs	0 Hrs	0 Hrs	0 Hrs
Special Hours	0 Hrs	0 Hrs	0 Hrs	8 Hrs	0 Hrs	0 Hrs	0 Hrs
OT Worked (x1.5)	0 Hrs	0 Hrs	1 Hrs	0 Hrs	0 Hrs	0 Hrs	0 Hrs
OT Worked (x2)	0 Hrs	0 Hrs	1 Hrs	0 Hrs	0 Hrs	0 Hrs	0 Hrs
Raining Day?	No	No	No	No	No	No	No
Change?	Change	Change	Change	Change	Change	Change	Change

If you would like to edit the hours worked on a particular day, or edit the Raining Day description, click on Change corresponding to the day you would like to edit.

Hours Worked	
Date:	09/04/2007
Std Hours Worked:	7 hrs
Special Hrs Worked:	0 hrs
OT Hours Worked (x1.5):	1 hrs
OT Hours Worked (x2):	1 hrs
Is Raining?	○ Yes ⦿ No
	[Update] [Cancel] [Reset]

Edit the information you would like to change for that particular day.

Click on [Cancel] to retain the information currently saved and return to the employee's information.

Click on [Reset] to delete all the revisions entered.

Click on [Update] to save all the information just entered. You will be given the following prompt.

The page at http://bca says:

❓ Are you sure this information is correct?

[OK] [Cancel]

Click on [Cancel] to go back to editing hours worked. Click on [OK] to confirm that the information you entered is correct.

[-] Click to Update Earnings & Deductions

Pay Rate and Earnings this Work Week

Basic Hourly Rate:	$ 58.26	Std Gross Only Earned This Project:	$ 466.08
Hourly OT (x1.5) Rate:	$ 78.89	Std Gross Only Earned All Projects:	$ 0
Hourly OT (x2) Rate:	$ 99.53	OT (x1.5) Gross Only Earned This Project:	$ 78.89
Special Work Rate:	$ 59.26	Special Gross This Project:	$ 474.08
		OT (x1.5) Gross Only Earned All Projects:	$ 0
		OT (x2) Gross Only Earned This Project:	$ 99.53
		OT (x2) Gross Only Earned All Projects:	$ 0
		Special Work All Projects:	$ 0

Deductions, Contributions and Payments for this Work Week

Federal Income Tax:	FICA (Social Security):	State Income Tax:	SDI:	Vac./Hol.:	Health & Welfare:	Pension:
$ 109.62	$ 85.01	$ 33.56	$ 12.3	$ 44.64	$ 149.04	$ 109.08

Training:	Fund Admin:	Dues:	Travel/Subs.:	Savings:	Other Fringe Payments:
$ 9.9	$ 0	$ 0	$ 0	$ 0	$ 3.24

Special Deduction:	$ 50	Reasons:	Alimony

Total Deductions:	$ 290.49	Net Wage:	$ 828.09	Check Number:	1050

Update   Reset   Cancel

If you would like to make changes to the Earnings & Deductions, delete the number or information previously entered and replace it with the correct amounts.

Click on Cancel to retain the information currently saved and return to the employee's information.

Click on Reset to delete all the revisions entered..

Click on Update to save all the information just entered. You will be given the following prompt.

The page at http://bca says:

Are you sure this information is correct?

OK   Cancel

Click on Cancel to go back to editing earnings & deductions. Click on OK to confirm that the information you entered is correct.

Payroll Information	
Project Name:	STA MONICA BL (4600 BLK) - ESR
Week Ending :	09/08/2007
Payroll Number:	4
Is this a non-performance payroll?	○ Yes ◉ No
Is this the final payroll?	○ Yes ◉ No
Is this payroll certified?	No
	[Update] [Certify] [Back]
Note: Adobe Acrobat Reader is required to certify or open a payroll.	

If you are completely satisfied with this payroll, click on [Certify] to proceed to completing a Statement of Compliance. Please note that payrolls for a particular project must be certified in chronological order. Additionally, once this payroll has been certified, you will no longer be allowed to make any changes to any part of the payroll.

Employee Payroll -- Statement of Compliance

NOTICE TO PUBLIC ENTITY

For Privacy Considerations

(Paper Size then 8 1/2 x 11 inches)

STATEMENT OF COMPLIANCE

Payroll Number	Payroll Payment Date	Contract Number/OCC File Number
26	07/03/2011	

DATE: 07/11/2011

I, Pro Tech Test   , the undersigned, do

        (Name of Signatory party – Print)   (Title of Position in Business)

certify under penalty of perjury and hereby state:

(1) That I pay or supervise the payment of persons employed by **PRO TECH ENGINEERING CORP** on the **VERMONT AVE TO SLAUSON AVE TO 74TH ST (CIP/STP) ST LTG PROJ**

That during the payroll period commencing on the 27 day of June, 2011 and ending the 03 day of July, 2011 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be deducted directly to or on behalf of PRO TECH ENGINEERING CORP from the full weekly wages earned by any person, other than permissible deductions as defined in Code of Federal Regulations, Part 3 (29 CFR Subtitle A), issued by 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 applicable California Labor Code Sect. 1775-1777.7) and as described below:

_____

_____

_____

(2) That any and all payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that basic trade wage rates 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 trade rate conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in bona fide apprenticeship program registered with California Division of Apprenticeship Standards which is recognized by Bureau of Apprenticeship and Traing, United States Department of Labor, or are registered with previously mentioned Bureau of Apprenticeship and Traing, U.S. DOL.

(4) That:

☐ **(a)** WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

In addition to basic hourly wage rates paid to each worker listed in the above referenced payroll, payments of fringe benefits as listed in contract have been or will be made to appropriate programs for the benefits of such employees, except as noted in Section 4(d) below.

☐ **(b)** WHERE BENEFITS ARE PAID TO A CORPORATE OR PRIVATE PLAN OR TRUST

Benefits are detailed on the reverse side of this page on the Payroll Reporting Form.

☐ **(c)** WHERE BENEFITS ARE PAID IN CASH

Each worker 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(d) below.

Exceptions(Craft)	Explanation

Remarks:

_____

_____

_____

_____

name and title(print) Pro Tech Test	Signature Payroll no. 26 certified by Pro Tech Test on 07/11/2011 07:18

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 16 and Section 231 of Title 31 of the United States Code; CA Penal Code 12650-12656 ania Labor Code Sect. 1726, 1771.5, 1777.7,1775 and 1813.

*Please enter your PIN [_____]

*Please enter your Current Password [_____]

[Continue]

[Go Back]

Payroll Number: This number will be automatically generated based on the number of the payroll that was just completed.

Payroll Payment Date: Enter the date of the payroll for this work week. This is not necessarily the week ending date for the payroll.

Contract Number/OCC File Number: Enter the OCC File Number for this project.

Fill in your name and title in the two lines, just below today's date.

(1): Your company name, project, first day of the payroll, and last day of the payroll have all been completed based on the payroll just entered. Please read the statement, then proceed to (2).

(2): Please read the statement, then proceed to (3).

(3): Please read the statement, then proceed to (4).

(4): Please read the following 3 statements. Select the applicable statement(s) by placing a checkmark in the box(es) that correspond to the way that your fringe benefits are being paid.

> **(a)**WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS In addition to basic hourly wage rates paid to each worker listed in the above referenced payroll, payments of fringe benefits as listed in contract have been or will be made to appropriate programs for the benefits of such employees, except as noted in Section 4(d) below.

> (**b**)WHERE BENEFITS ARE PAID TO A CORPORATE OR PRIVATE PLAN OR TRUST Benefits are detailed on the reverse side of this page on the Payroll Reporting Form.

> (**c**)WHERE BENEFITS ARE PAID IN CASH Each worker 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(d) below.

Exceptions (Craft): List any craft whose fringe benefits are not paid in accordance with your selection on Statement (4).

Explanation: Provide an explanation for why the fringe benefits for that craft are paid differently.

Remarks: If necessary, provide additional remarks regarding the payroll.

name and title(print) Pro Tech Test	Signature Payroll no. 26 certified by Pro Tech Test on 07/11/2011 07:47

Name and Title: The name of the person signing the Statement of Compliance.

Signature: This will act as your signature once you have correctly entered the PIN and password to electronically sign the Statement of Compliance. It states the number of the payroll being certified, the name of the person electronically signing the Statement of Compliance, and the date and time that the Statement of Compliance is completed.

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 16 and Section 231 of Title 31 of the United States Code; CA Penal Code 12650-12656 ania Labor Code Sect. 1726, 1771.5, 1777.7,1775 and 1813.

*Please enter your PIN	
*Please enter your Current Password	
Continue	
Go Back	

Please read the following statement as stated on the Statement of Compliance:

> 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 16 and Section 231 of Title 31 of the United States Code; CA Penal Code 12650-12656 and Labor Code Sect. 1726, 1771.5, 1777.7,1775 and 1813.

Please enter your PIN: Enter the 4 to 6 digit PIN that you selected.

Please enter your Current Password: Enter the password that you use to login.

Click on [Go Back] if you would like to go back to the payroll screen.

Click on [Continue] if you are completely satisfied with your Statement of Compliance. Please note that payrolls for a particular project must be certified in chronological order. Additionally, once this payroll has been certified, you will no longer be allowed to make any changes to any part of the payroll or statement of compliance.

You will be given the following prompt.

The page at http://bca says:

? You WILL NOT be able to modify this form later. Are you sure this is correct?

OK   Cancel

Click on [Cancel] to go back to editing the Statement of Compliance. Click on [OK] to confirm that the information you entered is correct and electronically sign the Statement of Compliance.

Once you click on [OK], you will receive confirmation that the payroll has been successfully certified.

Your payroll has been successfully certified.
A Statement of Compliance pdf file has been created and saved.

You can access this file for review and print from Payroll Review screen.

[Continue]

Click on [Continue] to go to the Payroll List. Click on the payroll you just certified to print the payroll and compliance form.

Payroll Information	
Project Name:	VERMONT AVE TO SLAUSON AVE TO 74TH ST (CIP/STP) ST LTG PROJ
Week Ending :	07/03/2011
Payroll Number:	26
Is this a non-performance payroll?	Yes
Is this the final payroll?	No
Is this payroll certified?	Yes

[Back] [Print Payroll] [compliance form]

Note: Adobe Acrobat Reader is required to certify or open a payroll.

Click on [compliance form] to view a pdf version of your completed Statement of Compliance.
Click on [Print Payroll] to print a copy of the Certified Payroll. This is important so that you can retain a hard copy of this payroll for your records.

For your records, the time and date that this payroll is certified will be saved and marked on the pdf version of your Certified Payroll and Statement of Compliance.

Payroll no. 00 certified by ProjectContact@email.com on 03/18/2011 at 10:07.

PAYROLL LIST

If you would like to review payrolls that you have previously entered, click on Review Payroll. You may also move your cursor over the Payroll tab and select Payroll List from the resulting list.

HOME	BENEFITS	PROJECT	PAYROLL	FORMS
			Employees	
			New Payroll	
			Payroll List	

You should see a list of payrolls that you have previously entered.

Payroll

Help

Payroll Lookup

Project:	All
Payroll Number:	
Week Ending :	

Search

Payroll List

Add Payroll

Project Name	Payroll Number	Week Ending	Non-Performance	Final Payroll	Compliance Statement Submitted	Certified
RODEO GAS TRP ET AL - ESR	2	02/17/2007	No	No	No	No
STA MONICA BL (4600 BLK) - ESR	5	09/15/2007	No	Yes	No	No
STA MONICA BL (4600 BLK) - ESR	4	09/08/2007	No	No	No	No
RODEO GAS TRP ET AL - ESR	1	02/10/2007	Yes	No	No	Yes
STA MONICA BL (4600 BLK) - ESR	3	09/01/2007	Yes	No	No	Yes
STA MONICA BL (4600 BLK) - ESR	2	08/25/2007	Yes	No	No	Yes
STA MONICA BL (4600 BLK) - ESR	1	08/18/2007	Yes	No	No	Yes
WESTSHIRE DR R/W (2785) - ESR	4	07/19/2008	Yes	No	No	Yes
WESTSHIRE DR R/W						

You may also use this page to add a new payroll.

If you would like to search for a payroll, there are multiple search criteria that you may use.

Payroll Lookup

Project:	All
Payroll Number:	
Week Ending :	

Search

You may search by any or all of the following criteria.

Project: Select a project from the drop down list.

Payroll Number: Enter the payroll number you would like to search for.

Week Ending: Select the week ending date of payrolls you would like to search for.

Click on ⬚Search⬚ once you have entered all of your search criteria.

Add Payroll						
Project Name	Payroll Number	Week Ending	Non-Performance	Final Payroll	Compliance Statement Submitted	Certified
RODEO GAS TRP ET AL - ESR	1	02/10/2007	Yes	No	No	Yes
STA MONICA BL (4600 BLK) - ESR	1	08/18/2007	Yes	No	No	Yes
WESTSHIRE DR R/W (2785) - ESR	1	06/28/2008	No	No	No	Yes

You will be given a list of payrolls that match the criteria you have selected.

PROJECT LIST

If you would like to view the projects that your company is approved for, click on Project List. You may also move your cursor over the Project tab and select Project from the resulting list.

You should see a list of projects.

Listed are all of the project names in alphabetical order.

If you are a prime contractor on this project and you would like to review your subcontractor's payrolls and fringe benefits statements, click on Subcontractor List on the line corresponding to the project you would like information about.

You should see the following screen.

If you would like to view the contact information for a particular subcontractor, click on the company's name in blue.

If you would like to view the subcontractor's payroll, click on Subcontractor Payroll on the line corresponding to the contractor you would like to view information for.

You will be given a list of your subcontractor's payrolls for this project.

If you would like to see a pdf version of a particular payroll, click on View Payroll on the line corresponding to the payroll you would like to view.

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Subcontractor

Project Details

Project Name	WILSHIRE CTR - WILTON PL TO HOOVER ST PH II ST LTG PROJ

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Subcontractor List

Company Name	License Number	View Payroll	View Benefits
COAST IRON & STEEL CO		Subcontractor Payroll	Subcontractor Benefits
GREYBAR ELECTRIC CO INC		Subcontractor Payroll	Subcontractor Benefits
LOOP MASTERS, INC.	755319	Subcontractor Payroll	Subcontractor Benefits

If you would like to view the subcontractor's fringe benefits statements, click on Subcontractor Benefits on the line corresponding to the contractor you would like to view information for.

You will be given a list of your subcontractor's fringe benefits statements for this project.

Benefits Details

Classification	Description	Effective	Expiration	Paid Directly?
Laborer Group 1	Laborer Group 1	05/01/2008	11/05/2011	Yes

If you would like to see the fringe benefits statement for particular classification, click on the classification you would like to view.

Benefits Information

Classification	Laborer Group 1
Description	Laborer Group 1
Effective	05/01/2008
Expiration	11/05/2011
Paid Directly?	Yes
Health Contribution	$0.00
Pension Contribution	$0.00
Training Contribution	$0.65
Vacation Contribution	$0.00
Others Contribution	$0.00
Notes	

If you would like to return to the list of projects, click on Back until you return to the project list.

If you are a subcontractor on a project, click on the Project Name in order to view your list of payrolls for this particular project. You will see a list of all the payrolls for this project.

Add Payroll						
Project Name	Payroll Number	Week Ending	Non-Performance	Final Payroll	Compliance Statement Submitted	Certified
WILSHIRE CTR - WILTON PL TO HOOVER ST PH II ST LTG PROJ	1	11/22/2008	No	No	No	Yes