PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

(for Contractor and Subcontractor's Use for Weekly and Final Certification) (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR OR SUBCONTRACTOR						ADDRESS							DATE WAGES DUE		DATE WAGES PAID				
PAYROLL NO.	WEEK ENDING	G OR FINAL CERTIFICATION				PROJECT NAME AND LOCATION								CONT	CONTRACTOR REGISTRATION NUMBER				
1.		2.	Overtime (OT) or Straight time (ST) HOURS		3. DAY	DAY AND DATE			4.	5. RATE	6. GROSS AMOUNT EARNED	7. DEDUCT			ΓΙΟΝS			8. NET WAGES	9. Total Fringe
NAME AND ADDRESS OF EMPLOYEE		WORK CLASSIFICATION	Overtim Straight	HOUR	RS WO	RKED	EACH I	DAY	TOTAL HOURS	OF PAY	This Project Only Total for Week	FICA	With- holding Tax				Total Deduc- tions	PAID FOR WEEK	Fringe Benefit Cost/Hr.
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Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

Date			(c)	FRINGE BEN
I,(Name of signatory party)				EXCEPTIONS
	(Title)			
do hereby state and certify:				
(1) That I pay or supervise the payment of the	persons employed by			
on the (Contractor or Subcontractor)		;		
that during the payroll period beginning on(Dat	, and ending on	, all persons employed		
on said project have been paid the full weekly wages	earned, that no rebates have been or w	ill be made either		
directly or indirectly to or on behalf of said				
from the full weekly wages earned by any person and indirectly from the full wages earned by any person,	other than permissible deductions as de	fined in the New Jersey		REMARKS
Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. an Wages Law, N.J.S.A. 34:11-4.1 et seq.	d Regulation N.J.A.C. 12:60 et seq. an	d the Payment of		
(2) That any payrolls otherwise under this contr	act required to be submitted for the abo	ove period are correct		
and complete; that the wage rates for laborers or mec	hanics contained therein are not less that	an the applicable wage		PLEASE SPEC
rates contained in any wage determination incorporate each laborer or mechanic conform with the work he p		ions set forth therein for		PER HOUR IN
				 Medical or l Dental cove
(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.				
of Labor, Bureau of Apprenticeship and Training and	remoned in a certified apprenticeship p	orogram.		3) Pension or I4) Vacation, H
(4) That:				5) Sick days
	PAID TO APPROVED PLANS, FUN			6) Life Insuran
	wage rates paid to each laborer or mech			7) Other (Expl
	Fringe benefits as listed in the contract programs for the benefit of such employ			* TO CALCU
Section 4(c) below.	programs for the benefit of such employ	yees, except as noted in		COST PER YI
4) WHERE EDDIGE DEVERTE ARE	DATE BY CARL		(5) N. I. G	1 1 12 60 2 1
(b) WHERE FRINGE BENEFITS ARE □ Each laborer or mechanic listed	PAID IN CASH in the above referenced payroll has be	en naid as indicated on		S.A. 12:60-2.1 a oll record each p
the payroll, an amount not less	than the sum of the applicable basic ho	urly wage rate plus the	certified payre	on record each p
	enefits as listed in the contract, except a	as noted in Section 4(c)		
below.			NAME A	ND TITLE
			SIGNATU	JRE
			THE EAX	CIEICA EION C
			THE FAL	SIFICATION C

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)	
REMARKS	
KLWAKKS	
DI EASE SDESIEV THE TYPE	OF DENIEUT DROVIDED, AND NOTE THE TOTAL COST
	OF BENEFIT PROVIDED AND NOTE THE TOTAL COST HE REVERSE SIDE*
PLEASE SPECIFY THE TYPE OPER HOUR IN BLOCK 9 ON T	
PER HOUR IN BLOCK 9 ON TO 1) Medical or hospital coverage	HE REVERSE SIDE* □
PER HOUR IN BLOCK 9 ON TI 1) Medical or hospital coverage 2) Dental coverage	HE REVERSE SIDE*
PER HOUR IN BLOCK 9 ON TI 1) Medical or hospital coverage 2) Dental coverage 3) Pension or Retirement	HE REVERSE SIDE*
PER HOUR IN BLOCK 9 ON TO 1) Medical or hospital coverage 2) Dental coverage 3) Pension or Retirement 4) Vacation, Holidays	HE REVERSE SIDE*
PER HOUR IN BLOCK 9 ON TI 1) Medical or hospital coverage 2) Dental coverage 3) Pension or Retirement 4) Vacation, Holidays 5) Sick days	HE REVERSE SIDE*
PER HOUR IN BLOCK 9 ON TO 1) Medical or hospital coverage 2) Dental coverage 3) Pension or Retirement 4) Vacation, Holidays	HE REVERSE SIDE*

and 6.1 – The Public Works employers shall submit to the public body or lessor a pay period within 10 days of the payment of wages.

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NAME AND TITLE		
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OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.