In accordance with Connecticut General Statute, Section 31-57f Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting state agent upon request.				_	WEEKLY							PAYROLL					Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109				
REQUIRED EMPLOYER/CONTRACTOR NAME AND ADDRESS:												CONTRACTING STATE AGENT/STATE AGENCY:				TERM OF CONTRACT:					
PAYROLL NUMBER	WEEK-ENDING DATE	CONTRA	CT DESCRIPTION AND I	NUMBER:																	
	-	MALE/	WORK							S-TIME	BASE HOURLY	TYPE OF	GROSS PAY					GROSS PAY FOR	CHECK # AND		
EMPLOYEE NAME AND ADDRESS		FEMALE AND RACE*	CLASSIFICATION	S	M	Т	W	TH	F S	6		RATE TOTAL FRINGE BENEFIT PLAN	FRINGE BENEFITS Per Hour 1 through 6 (see back)	FOR ALL WORK PERFORMED THIS WEEK	FICA	FEDERAL WITH-		OTHER	THIS SERVICE CONTRACT JOB	NET PAY	
			TYPE & NUMBER	Н	OURS	WOR	KED E	ACH	DAY	0	D-TIME	CASH			110/1	HOLDING	HOLDING	OTTLET			
													1. \$								
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												ֆ Cash Fringe	5. \$ 6. \$	l							
2/20/2004		*IF REQU	IRED										E					PAGE NU	MBER OF		

*Fringe Benefits Explanation (P):

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement
- 3) Life Insurance _____
- 4) Disability ____
- 5) Vacation, holiday ____ _____ 6) Other (please specify)

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of _____ ______ of ______ (hereafter known as I, _____

Employer) in my capacity as ______ (title) do hereby certify and state:

All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connectiut General Statute Section 31-57f. Further, I hereby certify and state the following:

- A) The records submitted are true and accurate;
- B) The rate of wages paid to each employee is not less than the standard rate of wages as determined by the Labor Commissioner pursuant to section (e);
- C) The Employer has complied with all of the provisions of Section 1, and

D) The employer is aware that filing a certified payroll which it knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years, or both.

Submitted on _____

(Date)

(Signature)

(Title)

*****THIS IS A PUBLIC DOCUMENT*** ***DO NOT INCLUDE SOCIAL SECURITY NUMBERS*****

WEEKLY PAYROLL CERTIFICATION

PAYROLL CERTIFICATION FOR COVERED SERVICE WORKER CONTRACTS

WEEKLY PAYROLL

WEEK-ENDING DATE:

MALE/ WORK DAY AND DATE S-TIME BASE HOURLY TYPE OF FRINGE GROSS PAY TOTAL DEDUCTIONS GROSS PAY FOR CHECK # AND FEMALE CLASSIFICATION М W TH F RATE BENEFITS FOR ALL WORK FEDERAL STATE THIS SERVICE NET PAY AND PERFORMED CONTRACT JOB EMPLOYEE NAME AND ADDRESS Per Hour RACE* TOTAL FRINGE 1 through 6 THIS WEEK TRADE LICENSES BENEFIT PLAN FICA WITH-WITH-OTHER (see back) TYPE & NUMBER HOURS WORKED EACH DAY O-TIME CASH HOLDING HOLDING 1.\$ 2. \$ Base Rate 3.\$ 4. \$ 5.\$ 6. \$ Cash Fringe 1. \$ 2. \$ Base Rate 3. \$ 4. \$ 5.\$ Cash Fringe 6. \$ 1. \$ 2. \$ 3. \$ Base Rate 4. \$ 5.\$ 6.\$ Cash Fringe 1. \$ 2. \$ 3.\$ Base Rate 4. \$ 5.\$ Cash Fringe 6.\$ 1. \$ 2. \$ Base Rate 3. \$ 4. \$ 5. \$ 1. \$ 2. \$ 3. \$ Base Rate 4.\$ 5.\$ 6.\$ Cash Fringe *IF REQUIRED NOTICE: THIS PAGE MUST BE ACCOMPANIED BY A COVER PAGE PAGE NUMBER OF 2/20/2004