

PRIME CONTRACTOR ☐

SUBCONTRACTOR ☐

WEEK #: (optional; see directions)

FINAL PAYROLL ☐

Business Name:				Phone #:				CCB Registration #:			
Project Name:				Project #:				Type of Work:			
Street Address:				Project Location:							
Mailing Address:				Project County:							

Date Pay Period Began:						Date Pay Period Ended:					
COMPLETE THIS SECTION IF BUSINESS IS PRIME CONTRACTOR ON PROJECT Public Contracting Agency Name: Phone: Date Contract Specifications First Advertised for Bid: Contract Amount:						COMPLETE THIS SECTION IF BUSINESS IS SUBCONTRACTOR ON PROJECT Subcontract Amount: Prime Contractor Business Name: Prime Contractor Phone: Prime Contractor's CCB Registration Number: Date You Began Work on the Project:					

(1)	(2)		(3) DAY AND DATE							(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
EMPLOYEE NAME AND ADDRESS	CLASSIFICATION (INCLUDE GROUP # & IF APPLICABLE APPRENTICESHIP STEP/ PERCENTAGE, AND SUPERVISING JOURNEY WORKER(S) NAME)									TOTAL HOURS	HOURLY BASE RATE	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED (see directions)	TOTAL DEDUCTIONS FICA, FED, STATE, ETC	NET WAGES PAID	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM	
		HOURS WORKED EACH DAY																
		OT																
		ST																
		Schedule 5/8 ☐ 4/10 ☐ ; Reg Hrly Schd: _____ to _____.																
		OT																
		ST																
		Schedule 5/8 ☐ 4/10 ☐ ; Reg Hrly Schd: _____ to _____.																
		OT																
		ST																
		Schedule 5/8 ☐ 4/10 ☐ ; Reg Hrly Schd: _____ to _____.																
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		Schedule 5/8 ☐ 4/10 ☐ ; Reg Hrly Schd: _____ to _____.																
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		Schedule 5/8 ☐ 4/10 ☐ ; Reg Hrly Schd: _____ to _____.																
		OT																
		ST																
		Schedule 5/8 ☐ 4/10 ☐ ; Reg Hrly Schd: _____ to _____.																

(1)	(2)		(3) DAY AND DATE						(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
EMPLOYEE NAME AND ADDRESS	CLASSIFICATION (INCLUDE GROUP # & IF APPLICABLE APPRENTICESHIP STEP/ PERCENTAGE, AND SUPERVISING JOURNEY WORKER NAME)								TOTAL HOURS	HOURLY BASE RATE	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED (see directions)	TOTAL DEDUCTIONS FICA, FED, STATE, ETC	NET WAGES PAID	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM
		HOURS WORKED EACH DAY														
		OT														
		ST														
		Schedule 5/8 ☐ 4/10 ☐ ; Reg Hrly Schd: _____ to _____.														
		OT														
		ST														
		Schedule 5/8 ☐ 4/10 ☐ ; Reg Hrly Schd: _____ to _____.														
		OT														
		ST														
		Schedule 5/8 ☐ 4/10 ☐ ; Reg Hrly Schd: _____ to _____.														

CERTIFIED STATEMENT

I, _____, do hereby state:
(name of signatory party) (title)

(1) That I paid or supervised the payment of the persons employed by _____ on the _____
(contractor, subcontractor, or surety) (project name)
and that during the payroll period commencing on _____ and ending on _____, all persons employed on said project have been
(month/day/year) (month/day/year)
paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of _____
(contractor, subcontractor, or surety)
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 specified in ORS 652.610, as described below:

(2) That any payrolls under this contract required to be submitted for the above period are correct and complete; that the wage rates for workers contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the specifications/contract; that the classifications set forth therein for each worker conform with 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, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

Additional Remarks

I HAVE READ THIS CERTIFIED STATEMENT, KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE:

(name and title) (signature) (month/day/year)

NOTE TO CONTRACTORS: You must attach copies of this form to each of your payroll submissions on this project. File this form with the public agency associated with the project.
Instructions and additional forms are available on BOLI's website: www.oregon.gov/BOLI WH-38 (Rev. 8/25/26)