Oregon Supplemental Statement to Accompany U.S. Dept. of Labor's Certified Payroll Form (WH-347)

For use on prevailing wage projects subject to both the federal Davis-Bacon Act and Oregon's prevailing wage rate laws.

On January 6, 2025, the US Department of Labor issued a revised version of the WH-347 form with additional reporting requirements. For contractors using this revised federal WH-347 form to report their certified payroll reports on projects subject to both federal and state prevailing wage rate laws, the following information must be included to comply with Oregon's requirements under ORS 279C.845. Include this supplemental form with each WH-347 submitted.

Business Name (DBA): _____

Business Phone Number: _____

CCB Registration Number: _____

Type of Work: _____

Project County: _____

Date Pay Period Began: _____ Date Pay Period Ended: _____

THIS SECTION FOR PRIME CONTRACTORS ONLY

Public Contracting Agency Name: _____

Phone: _____

Date Contract Specifications First Advertised for Bid: _____

Contract Amount: _____

THIS SECTION FOR SUBCONTRACTORS ONLY

Subcontract Amount: _____

Prime Contractor Business Name (DBA): _____

Prime Contractor Phone: _____

Prime Contractor's CCB Registration Number: _____

Date You Began Work on the Project: _____

Employee Name, Address, Weekly/Hourly Schedules, & Demographic Information

Employee Name	Employee Address	5/8 or 4/10 Schedule (Check One)	Regular Hourly Schedule		Demographic Information Only Required on Projects Subject to HB 2649 [2023] ORS 279C.533		
			Start Time	End Time	Race/Ethnicity	Gender	Veteran Status
		5/8 ☐ 4/10 ☐			☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Portuguese or Brazilian	☐ Male ☐ Female ☐ Non-binary	☐ Veteran ☐ Reserves ☐ Guard ☐ N/A
		5/8 ☐ 4/10 ☐			☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Portuguese or Brazilian	☐ Male ☐ Female ☐ Non-binary	☐ Veteran ☐ Reserves ☐ Guard ☐ N/A
		5/8 ☐ 4/10 ☐			☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Portuguese or Brazilian	☐ Male ☐ Female ☐ Non-binary	☐ Veteran ☐ Reserves ☐ Guard ☐ N/A
		5/8 ☐ 4/10 ☐			☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Portuguese or Brazilian	☐ Male ☐ Female ☐ Non-binary	☐ Veteran ☐ Reserves ☐ Guard ☐ N/A
		5/8 ☐ 4/10 ☐			☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Portuguese or Brazilian	☐ Male ☐ Female ☐ Non-binary	☐ Veteran ☐ Reserves ☐ Guard ☐ N/A
		5/8 ☐ 4/10 ☐			☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Portuguese or Brazilian	☐ Male ☐ Female ☐ Non-binary	☐ Veteran ☐ Reserves ☐ Guard ☐ N/A
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		5/8 ☐ 4/10 ☐			☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Portuguese or Brazilian	☐ Male ☐ Female ☐ Non-binary	☐ Veteran ☐ Reserves ☐ Guard ☐ N/A

Certified Statement

I have read the information on this form and the accompanying WH-347 form, know the contents thereof, and it is true to my knowledge. I do herby state 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.

_____

(Name and Title)

_____ _____

(Signature) (Date)