Greetings,

After reviewing the submitted reports, observations have been made for corrections needed. Many of these observations are more “housekeeping” in nature, others will attempt to make accurate reporting standardized and consistent to requirements.

Please review and note following for entries on report:

NAME OF CONTRACTOR/SUB-CONTRACTOR: Check appropriate box, name of company/firm and address, as registered with Construction Contractors Board, include CCB#, to verify registration and eligibility.

PAYROLL NO.: Numbering is project specific; indicate “initial” on first weekly wage report for project, numbering subsequent weeks as typical, at conclusion of activities on project, indicate “final”. Noting that some projects commence and complete in same week, indicate “initial/final” on report.

PROJECT AND LOCATION: Along with address and city, include county, since Davis-Bacon guidelines and requirement are county specific, compliance can be verified.

PROJECT OR CONTRACT NO.: Name and/or number, per local agency project contract.

COLUMNS 1 THROUGH 3: Self-explanatory.
Note: if bona-fide owner of contracting firm, submitting report, elects to exempt self for reporting, enter “Owner” in column (3). “Owner” as described in Construction Contractors Board, Oregon Administrative Rules, Chapter 812, section 812-002-0537.

COLUMNS 4 THROUGH 7: Note these entries are “PROJECT SPECIFIC”; use appropriate lines for entries, “O” overtime, “S” standard (straight time), these lines
extend through columns 5, 6, & 7. Column (6) Rate of Pay, first line (box), for each employee is for overtime rate, second line (box) is for standard (straight time) rate. Column 7 “Gross Amount Earned” should reflect extensions of “straight time” and “overtime” gross totals in the upper quadrant for the specific project of report, and gross in lower quadrant, reflects the employees entire week.

COLUMNS 8 & 9: Self-explanatory. Note: if “OTHER” column has entries of “fringe benefits”, these deductions must be identified on page 2, on lines under “permissible deductions…and describe below;”.

SIGNATURE PAGE: Enter all data, all lines, including date, tick appropriate boxes in Section (4), where required fringe benefits are paid: (a) into approved plans, funds, or programs; or (b) paid directly to employee.

GENERAL: Certified payrolls must be submitted to OHCS on a weekly basis. Please submit the original copies to OHCS and keep a copy for your records. If reports are generated electronically, the signature page must be original and blue ink is preferred. It is our hope that these observations and guidance will benefit our joint efforts; to not only successfully fulfill the intent of this program, but to ensure compliance to requirements and safeguarding the public trust of these resources.

Thank you for your consideration in this matter, if you have any questions or comments, please contact Tom Doran at (503)986-6723, or via e-mail: tom.doran@state.or.us.

Attached: Copy of proposed “Reviewed Payroll Checklist” to be used in our compliance monitoring. For your use in guidance/training with your staff and contractor/sub-contractors.