



Application Information Sheet Property Services Contractor License

Who must apply? A property services contractor includes any person who recruits, solicits, supplies or employs workers to perform labor for another person to provide services that include janitorial services for an agreed remuneration or rate of pay as well as anyone who enters into a subcontract for any of these activities.

Annual license fee: **\$350.00**

The following entities are eligible to receive a property services contractor license:

1. Sole Proprietor
2. Partnership or Limited Liability Partnership
3. Corporation
4. Limited Liability Company ("LLC")
4. Cooperative Corporation
5. Private non-profit corporation
6. Publicly-held corporation or LLC

ALL assumed business names and corporations **MUST** be registered with the Corporation Division in Salem **PRIOR** to a license being issued. To register, please contact: Oregon Secretary of State - Corporation Division, Public Service Building, Suite 151, 255 Capitol Street NE, Salem, OR 97310. Or call (503) 986-2200.

To obtain a license, each applicant is required to submit:

1. Appropriate license fees (note that under Oregon law, the fees are nonrefundable)
2. Completed application form (WH-37P)
3. **For sole proprietors, a current, color 2" x 2" (passport size) photograph**
4. Oregon Department of Revenue Tax Compliance Certification
5. Oregon Employment Department Tax Compliance Certification
6. Vehicle Information Sheet (WH-150P) for all vehicles used in the operation of the business
7. **If transporting workers**, proof of insurance for all vehicle(s) used to transport workers
8. Certificate of Insurance issued by your Worker's Compensation carrier and which lists BOLI as certificate holder and provides a 30-day cancellation notice
9. Certificate of general liability insurance coverage in the amount of \$1,000,000 which lists the Bureau Labor and Industries as certificate holder and provides a 30-day cancellation notice **OR** financial responsibility documentation (*see explanation below*)**
10. Certification of employee counts, work locations and demographic information (WH-152P)
11. For private non-profit corporation applicants only: Certified Statement (WH-35P) and proof of IRS 501(c)(3) exemption.

To renew your license, each applicant is required to submit the documents above and the following documents:

12. Copy of forms WH-151P **and** WH-153 or equivalent *used in the course of business* for one employee.
13. Certification statement (WH-159P) relating to the provision of sexual harassment and anti-discrimination training and a copy of the curriculum and related materials used to provide the training.

****Property services contractors which meet the criteria of ORS 658.415(6) need not provide proof of financial responsibility documentation. See below.**



Proof of financial responsibility: A property services contractor is not required to file proof of financial ability if:

- (a) The property services contractor provides proof of general liability insurance coverage in the amount of \$1,000,000; and
- (b) The property services contractor, within the preceding two years, has not:
 - (A) Violated ORS chapter 652 or 653; or
 - (B) Committed an unlawful employment practice under ORS chapter 659A.

Otherwise, each application must be accompanied by proof of financial responsibility in the form of a corporate surety bond of a company licensed to do business in Oregon, or a cash deposit. All financial responsibility documents are to be submitted on forms that are provided by the Labor Contracting Unit. The proof of financial responsibility shall be in the following amounts:

- \$10,000** if employing 20 or less employees
- \$30,000** if employing 21 or more employees; or for non-profit corporations

Contact BOLI's Labor Contracting Unit for additional information on documenting financial security.

Temporary permit and license examination: All new applicants must pass a written license examination prior to receiving a labor contractor license. Applications for entities other than an individual must identify one or more individuals who are responsible, financially and otherwise, for fulfilling the entity's obligations consistent with the property services contractor law (ORS 658.405 to 658.503) and who will be taking the exam.

A temporary permit, valid for 60 days, may be issued prior to taking the exam. Arrangements must be made to take the exam within 45 days after issuance of the temporary permit. It is the contractor's responsibility to contact the Salem office to make arrangements for the exam. The permit may **NOT** be extended beyond 60 days. A contractor is allowed only one temporary permit within any 12-month period.

THE PERMIT WILL BE GRANTED ONLY IF ALL MATERIALS REQUIRED FOR LICENSING ARE SUBMITTED IN ONE PACKAGE AND IT IS COMPLETE. Otherwise, the application will be returned for completion. No action will be taken until BOLI's Labor Contracting Unit has received a complete application.

License renewal: The license is valid through the end of the month one year from the date of issue. Contractors licensed as a labor contractor for at least two consecutive years in compliance with applicable law may request a renewal term of two or four years. The fee for such renewal is equal to the annual fee (above) multiplied by the number of years of the renewal term. Renewal reminder letters are sent to all licensed contractors prior to the expiration of the current license.

The Bureau of Labor and Industries will assist you in any way possible in order to complete the licensing process. Please contact us at 971-358-3882 if you have further questions or wish to make an appointment for an office visit.

Completed applications may be submitted to:

Bureau of Labor and Industries, Wage and Hour Division
Labor Contracting Unit
3865 Wolverine St. NE, Bldg. E-1
Salem, OR 97305-1268
971-358-3882



Privacy Statement Labor Contractor License

As part of any individual application for a new or renewed labor contractor license, the applicant must provide the Bureau of Labor and Industries with a Social Security Number. This is mandatory. The authority for this requirement is ORS 25.785 and 42 USC § 666(a)(13).

Failure to provide a Social Security Number will be a basis to refuse to issue or renew the license sought. Although a number other than the Social Security Number appears on the face of the license issued by the BOLI, the Social Security Number will remain on file with the bureau.

This record of the Social Security Number will be used for child support enforcement purposes only, unless other uses of the number are authorized.

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Attention

Before you send in any license application, please be sure you have included **ALL REQUIRED** documents. If the application packet is not complete, it will be returned. **No one may operate as a labor contractor without a current license or temporary permit.** Using this checklist, review the application and required documents. If you are applying to renew a license, please use the application and forms provided to you by this office for this purpose. (Forms used previously may have been revised.)

Place a check mark in each box to make sure you have completed and enclosed **ALL** required documents.

- Appropriate license fee (note that under Oregon law this fee is nonrefundable)
- Completed application (WH-37P) with each and every question answered. Type or print clearly.
- For sole proprietors, a current, color 2" x 2" (passport size)**
- Oregon Department of Revenue Tax Compliance Certification
- Oregon Employment Department Tax Compliance Certification
- Certified statement (WH-35), if applying for NON-PROFIT CORPORATION license
Note, Proof of IRS 501(c) (3) exemption required for Non-profit corporation applications
- Vehicle Information Sheet (WH-150P)
- Proof of vehicle insurance, **if transporting workers**
- Certificate of general liability insurance naming BOLI (3865 Wolverine St. NE E-1 Salem, OR 97305) as certificate holder.
- Proof of financial responsibility documents (required for all property services contractors which do not meet the criteria of ORS 658.415(6))
- Certificate of Workers' Compensation insurance
- If using leased employees, a copy of (1) your lease Contract, and (2) a Certificate of Workers' Compensation Insurance from leasing agency
- Certification statement on employee counts, work locations and demographic information (WH-152P)

If renewing, include a copy of:

- Rights of Workers Notice (WH-151P) or the equivalent used in your contracting
- Agreement between Contractor and Worker (WH-153) or the equivalent used in your contracting
- Training certification statement (WH-159P)

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Property Services Contractor License Application

Please type or print clearly.

Every question must be answered, or the application will be returned as incomplete.

1. Application Type: New License Renewal Term: 1 year 2 years* 4 years*
* Renewals of 2 or 4 years available to licensees having operated 2 or more consecutive years in compliance with applicable law with no gap time.

2. Application fee included: *
 \$350 – New License or 1 year renewal \$700 – 2 years * \$1,400 – 4 years*
* Fees for 2 or 4 year qualifying renewals are equal to the annual fee multiplied by the renewal term.

3. Type of business entity:
 Sole Proprietor Limited Liability Partnership Corporation – Publicly Traded
 Partnership of ___ individuals Corporation Non-profit Corporation
 Limited Liability Company Cooperative Corporation of ___ individuals

4. Applicant's name: _____
(First) (Middle) (Last)

5. Mailing address: _____
(Street)

(City) (County) (State & ZIP)

6. Applicant's phone #: _____

7. Email Address: _____

8. Are you applying on behalf of a business entity other than a sole proprietor?
 YES. Proceed to question 11.
 NO, I am a sole proprietor

9. Social Security #: _____ 10. Date of birth: _____

11. Business name: _____
If no business name, check here

12. Business address (if different from #5): _____
(Street)

(City) (County) (State & ZIP)

13. Business phone: _____

14. Email Address: _____

15. Mailing address (if different from #12): _____
(Street or PO Box)

(City) (County) (State & ZIP)

16. Oregon address _____
(Street)

(City) (County) (State & ZIP)



17. List any and all other addresses and telephone numbers (include cell phone numbers). Attach information on additional sheets if more space is needed.

18. Oregon Sec. of State Registry Number: _____

19. Federal Employer ID Number: _____

20. State Business ID Number ("BIN"): _____

21. Are you a subcontractor or franchisee? YES NO

22. If yes, provide the name of the Prime Contractor or Franchise. _____

23. List full names and addresses of all persons financially interested, whether as partners, shareholders, profit-sharers, or members in the applicant's proposed operations as a labor contractor, together with the amount or percentage of the respective interest of each. If more space is needed, attach information on additional sheets.

Person Financially Interested #1

Person Financially Interested #2

(Name)

(Name)

(Address)

(Address)

(City, State, ZIP)

(City, State, ZIP)

(Percentage of Interest)

(Percentage of Interest)

24. For entities other than sole proprietorships, list full names and addresses of any persons in addition to yourself who will be responsible, financially and otherwise, for fulfilling this business' obligations under ORS 658.405-658.503. If more space is needed, attach information on additional sheets.

Name(s)

Address(es)

VEHICLE INFORMATION

25. Will vehicles be used in the operation of this labor contracting business? YES NO

If yes, complete and submit the Vehicle Information Sheet (WH-150P) with this application.

26. Will any vehicles be used to transport workers? YES NO

If yes, complete and submit a Vehicle Information Sheet (WH-150P) and provide proof of insurance for each and every vehicle used to transport workers.



PROOF OF FINANCIAL ABILITY INFORMATION

27. Does the business meet the criteria for exemption from the requirement to provide security?

General liability insurance in the amount of \$1,000,000 per occurrence and no violations of ORS chapter 652 or 653 or unlawful employment practices under ORS chapter 659A in preceding two years.

- YES, General liability insurance certificate enclosed. *If yes, skip to question 30.*
- NO, I will be providing financial security.

28. What is the maximum number of employees to be employed at any one time during the period covered by this license?

- 0 - 20 employees (\$10,000 bond or equivalent required)
- 21 or more employees (\$30,000 bond or equivalent required)
- Non-profit corporation (\$30,000 bond or equivalent required)

29. What type of proof of financial responsibility are you submitting with this application?

- Corporate Surety Bond Time Certificate of Deposit
- Cash Deposit Other (Specify Type: _____)

30. Has the applicant, this business, or any person financially interested in this business ever had a labor contractor license which has been denied, revoked or suspended?

YES NO

31. Is the applicant, this business, or any person financially interested in this business a defendant in any court action or proceeding? *If yes, attach details.*

YES NO

32. Are there any judgments or administrative orders of record against the applicant, this business, or any person financially interested in this business? *If yes, attach details.*

YES NO

SWORN STATEMENT

As an applicant for a labor contractor license or authorized individual responsible financially and otherwise for the obligations of this business under ORS 658.405 to 658.503, I state on oath:

- a) *That the above information is true and correct;*
- b) *That I will notify the Bureau of Labor and Industries of any changes in circumstances pertaining to information provided in this application;*
- c) *That I will at all times conduct the business of a labor contractor in accordance with all applicable laws of the State of Oregon and rules of the Commissioner of the Oregon Bureau of Labor and Industries;*
- d) *That I have READ and UNDERSTAND forms WH-151P, "Rights of Workers;" and WH-153, "Agreement Between Contractor and Workers," and will, in accordance therewith, provide this information to all subject workers as required by law;*
- e) *That I have READ and UNDERSTAND form WH-159P regarding the obligation to provide specific training to managers, supervisors and workers engaged in janitorial services; and*
- f) *That with regard to any action filed against me or this business concerning activities as a labor contractor, I appoint the Commissioner of the Bureau of Labor and Industries as lawful agent to accept service of summons when I am not present in the jurisdiction in which such action is begun or have in any other way become unavailable to accept service.*

Signature of applicant or authorized individual and title

Date Signed

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Vehicle Information Sheet

This form is required to be submitted with the labor contractor's license application for all vehicles to be used in the operation of the contractor's business. In addition, proof of insurance must be submitted with this form for each and every vehicle used to transport workers. Proof of insurance includes the certificate of an insurance producer licensed in Oregon or documentation of (1) the insurance number, (2) the amount of coverage and (3) the name of the insurance producer.

Any additional vehicles acquired must be reported immediately along with proof of insurance if the vehicle is to be used to transport workers.

Please type or print legibly. If more space is needed, this form may be photocopied or additional pages may be attached which provide all of the information required on this form.

Vehicle #1	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Is proof of insurance attached? YES NO

Vehicle #2	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Is proof of insurance attached? YES NO

Vehicle #3	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Is proof of insurance attached? YES NO



BUREAU of LABOR & INDUSTRIES

Vehicle #4	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is proof of insurance attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Vehicle #5	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is proof of insurance attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Vehicle #6	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is proof of insurance attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Vehicle #7	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is proof of insurance attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	



**Certified Statement
(For Private Non-Profit Corporations)**

I, _____, as the designated representative
of labor contractor applicant corporation _____,
pursuant to the provisions of ORS 658.410, hereby certify that the corporation:

1. Is designated by the Internal Revenue Service as exempt under Section 501 (c) (3) of the Internal Revenue Code;
2. Authorized to do business in Oregon by the Secretary of State as a nonprofit; and
3. Primarily engaged in recruiting, soliciting, supplying or employing workers.

Signature of Authorized Representative

Date

Printed Name and Title of Authorized Representative

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Information Regarding Documentation of Tax Compliance for Property Services Contractors

In order to qualify for an Oregon property services contractor license, each applicant must demonstrate that appropriate taxes have been filed and paid. **A license will NOT be issued until this information is received.**

NOTE: Under revisions to the **property services (janitorial) labor contractor** license program, *employees* of a licensed property services contractor no longer need not be licensed. Likewise, the Bureau of Labor and Industries is no longer required to license a majority of the *ownership* of a property services contractor business (e.g., partners, shareholders, or LLC members) unless the business is a sole proprietorship. Thus, it is the property services contractor *business* (or the sole proprietor) that is seeking tax compliance certification.

Oregon Department of Revenue Tax Compliance Certification

Department of Revenue

Complete Part 1 of form WH-192, including the authorization statement. **NOTE:** Only an **authorized individual** may request DOR to release the business' tax compliance status to BOLI. Typically, authorized individuals are the owners of the business *listed on the BIN application*. Individuals requesting tax compliance certification on behalf of a business may be required by DOR to provide documentation of their authority to request such certification.

For **Sole Proprietors**, enter the applicant's Social Security Number, all others may enter "N/A"

All businesses with employees must obtain and enter a BIN and an EIN. A business with *no employees* may enter "N/A"

Forward the request to **Oregon Department of Revenue** via fax or mail at the address provided on the form. **PLEASE DO NOT EMAIL THE FORM TO THE OREGON DEPARTMENT OF REVENUE.** Once the Oregon Department of Revenue completes the form, it will be faxed or mailed back to you to include with your license application. For questions, contact compliance.checks@dor.oregon.gov

Oregon Employment Department Tax Compliance Certification

Employment Department

Complete Part 1 of form WH-193P:

For **Sole Proprietors**, enter the applicant's Social Security Number, all others may enter "N/A"

All businesses with employees must obtain and enter a BIN and an EIN. A business with *no employees* may enter "N/A"

Mail, fax or email a scan of the certification request form to the **Oregon Employment Department** at the address provided on the form. Once the Oregon Employment Department completes the form, it will be returned to you to include with your license application.

Please allow at least three (3) business days for the processing of these forms.

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Form OR-TCC

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(Rev. 06-23-23, ver. 01)

Oregon Department of Revenue



Office use only

Tax Compliance Certification

Submit original form—do not submit photocopy.

Part 1—To be completed by applicant

Check one: <input type="checkbox"/> Owner/officer <input type="checkbox"/> Employee		Preferred response communication method (check one): <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		
Applicant first name	Initial	Applicant last name	Social Security number (SSN) or Individual taxpayer identification number (ITIN)	
Address		City	State	ZIP code
Business name			Federal employer identification number (FEIN)	
Doing business as (DBA) or assumed business name (ABN) if applicable			Business identification number (BIN)	
Business address		City	State	ZIP code
Phone	Fax	Email		
Business type (check one): <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____				
Did you have employees working for you within the past 12 months? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____				
Do you expect to have employees working for you within the next 12 months? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____				

Part 2—Authorization

I hereby authorize the Oregon Department of Revenue and its employees to disclose to _____ whether the applicant or business entity named above has filed all required tax returns and/or whether the applicant or business entity has paid all taxes due, which includes adherence to an acceptable payment plan. This authorization applies to the three tax years preceding and for any tax years subsequent to the date of this authorization. This authorization applies to the individual applicant or business entity, including all business owners indicated above. This authorization remains in effect until (MM/DD/YYYY) ____/____/____ or until the Oregon Department of Revenue receives a notice of revocation from the taxpayer, whichever is sooner. This authorization is intended to designate _____ to receive tax compliance information for the applicant or business entity and tax years indicated. Oregon Revised Statute (ORS) 305.193, Oregon Administrative Rule (OAR) 150-305-0120.

Applicant or business entity owner/officer signature	Print name
X	
Title (if applicable)	Daytime phone
	Date

Fax to: 503-945-8735

—OR—

Mail to: PTAC, Compliance & Filing Enforcement
Oregon Department of Revenue
955 Center St NE
Salem OR 97301-2555

Do you have questions or need help?

www.oregon.gov/dor
503-378-4988 or 800-356-4222
questions.dor@dor.oregon.gov
Contact us for ADA accommodations or assistance in other languages.

Department of Revenue office use only

Oregon Department of Revenue tax compliance certification: In compliance Not in compliance Unable to process

Department of Revenue certifying official signature	Title	Date of certification
X		____/____/____

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**OREGON EMPLOYMENT DEPARTMENT
TAX COMPLIANCE CERTIFICATION**

PART 1: TO BE COMPLETED BY APPLICANT			
Applicant Name (Last, First, Middle Initial): _____ Check One: <input type="checkbox"/> Owner <input type="checkbox"/> Employee	Social Security Number (SSN):* _____ <input type="checkbox"/> N/A, certification requested for business ONLY		
Business Name: _____ _____	Employer Identification Number (EIN): _____ <input type="checkbox"/> N/A, no employees		
	Oregon Business ID Number (BIN): _____ <input type="checkbox"/> N/A, no employees		
DBA (Doing Business As), if applicable: _____ Have you done business under any other business name or employer identification number (EIN)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list names and EIN numbers): NAME: _____ EIN: _____ _____ _____			
Address (Street, City, State, Zip Code): _____ _____ _____	Daytime Telephone: _____ FAX Number: _____		
Type of Business: (Check one for each applicant) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____ Did you have employees working for you in the past 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Number: _____ Do you expect to have employees working for you in the next 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Number: _____	<p align="center">MAILING ADDRESS</p> Oregon Employment Department ATTN: Tax 875 Union Street NE Salem, OR 97311-0030 Telephone: (503) 947-1488 FAX: (503) 947-1700 Email: OED_Taxinfo_User@oregon.gov		
PART 2: THIS SECTION TO BE COMPLETED BY EMPLOYMENT DEPARTMENT STAFF ONLY			
	YES	NO	\$ AMOUNT
Outstanding Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
Returns Filed:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Payroll (Form OQ)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Payroll (Form 132) Wage Detail	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify) _____			
COMPLIANCE CERTIFICATION BY EMPLOYMENT DEPARTMENT: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON-COMPLIANT <input type="checkbox"/> NO RECORD FOUND			
Signature of ED Certifying Official _____ DATE: _____			

***Privacy Act Statement:** The submission of your social security number is voluntary. It will be used only for identification purposes to facilitate your application for a labor contractor's license. Failure to provide it may result in a delay of the application process.

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Required Notices to Workers

The labor contractor license packet includes several forms which may be used to provide required notices to workers and satisfy some of the reporting requirements for licensure. Labor contractors may use these forms as templates or develop their own forms so long as they contain all the elements set out in the template. These forms must be provided in the English language *and any other language used by the labor contractor to communicate with workers*. Electronic copies are also available online from our website at <https://www.oregon.gov/boli/employers/Pages/property-services-janitorial-labor-contractors.aspx>.

ORS 658.440(1)(f) requires that labor contractors provide each worker with (1) a statement of specific worker rights and (2) a disclosure of certain terms and conditions at the time of recruiting, soliciting, supplying or hiring, *whichever occurs first*.

Under ORS 658.440(1)(g), labor contractors must also execute a *written agreement* with each worker containing the terms and conditions of work *as well as* the statement of worker rights *at the time of hire and prior to beginning work*.

Form WH-151P, Rights of Workers

BOLI has prepared Form WH-151P for use by contractors in complying with the requirement to provide workers with a statement of their rights and remedies under specific laws.

CONTRACTORS MUST KEEP COPIES of Forms WH-151P (or equivalent) used by the contractor for three years. OAR 839-015-0400.

Form WH-153, Disclosure Statement & Work Agreement

BOLI has prepared Form WH-153 which may be used by contractors to provide workers with a disclosure of specific terms and conditions at the time of recruiting, soliciting, supplying or hiring, *whichever occurs first*.

Forms WH-151 and WH-153 may also be used together to provide (1) the statement of worker rights and (2) terms and conditions of work required *at time of hire and prior to beginning work* by ORS 658.440(1)(g)

CONTRACTORS MUST KEEP COPIES of Forms WH-153 (or equivalent) used by the contractor for three years. OAR 839-015-0400.

Form WH-154, Statement of Earnings

Labor contractors are required to furnish each worker, each time the worker receives a compensation payment from the contractor, with a written itemized statement of earnings. Form WH-154 or any form which contains all the elements of WH-154 may be used to satisfy this requirement. OAR 839-015-0370.

Form WH-155, Notice of Compliance with Bond Requirements

ORS 658.415(15) requires contractors to **keep conspicuously posted** on the **JOB SITE** the information provided on Form WH-155, **Notice of Compliance with Bond Requirements**.



OREGON WAGE AND HOUR LAWS PERTAINING TO DEDUCTIONS FROM WAGES

Deductions from the wages of employees are permitted under the following circumstances:

- The employer is required to do so by law;
- *The deductions are authorized in writing by the employee, are for the employee's benefit, and are recorded in the employer's books;*
- *The employee has voluntarily signed an authorization for a deduction for any other item, provided that the ultimate recipient of the money withheld is not the employer, and that such deduction is recorded in the employer's books;*
- The deduction is made from the payment of wages upon termination of employment and is authorized pursuant to a written agreement between the employee and employer for the repayment of a loan made to the employee by the employer if certain conditions are met (see ORS 652.610(3)(e)).

Deductions may **not** be made from the wages of employees for the following items:

- Uniforms, tools, and transportation that are required to do the job (or “draws” for the purchase of such items)
- Deposits for equipment, shortages, breakages, losses, or theft
- Meals and lodging if they are required by the employer

An employee may be required to pay for these items (so long as a deduction is not made from the employee's wages) if the amount paid by the employee does not have the effect of reducing the employee's earnings below the applicable wage rate (i.e., state minimum wage, federal minimum wage, Service Contract Act, or Migrant and Seasonal Agricultural Worker Protection Act wage rate) for all hours worked and the requirement to pay for such items is disclosed in advance to the employee.

Payroll deductions **may** be made for items such as raingear, gloves and hats, meals and lodging **only** if they are not required, are for the private benefit of the employee, and are authorized in writing by the employee and recorded in the employer's books.

If you have any questions regarding permissible deductions from employee wages, contact the Bureau of Labor and Industries' Employer Assistance Unit at (971) 361-8400 or U.S. Department of Labor, Wage and Hour Division at (503) 326-3057.



Rights of Workers

Property Services Contractor Labor Law

Oregon law regulates the activities of property services contractors who provide janitorial labor. Under this law, contractors are required to:

1. Have a license and show it to persons with whom they contract.
2. Give each worker whom they hire, recruit, solicitor supply a written agreement which describes the terms and conditions of employment. This form must be written in English and in any other language used to communicate with workers.
3. Give each worker a written form which describes the rights of employees. This form must be in English and in any other language used to communicate with workers.
4. In a conspicuous and accessible place, post a notice stating whether the contractor is required to obtain a bond or make a deposit with the Bureau of Labor and Industries. The notice must also state how to make a claim against the bond or deposit, if the contractor owes a worker wages.

Each worker has the right to take legal action against a contractor if that contractor violates certain laws regulating the contractor's activities. For information about your right to take legal action, call any office of the Bureau of Labor and Industries (see listing of offices on next page).

The Minimum Wage

Property services contractors are required to pay their employees no less than the applicable minimum wage. These laws do not apply to all workers. If you have questions, contact any office of the Bureau of Labor and Industries or visit www.oregon.gov/BOLI for more information.

Rest and Meal Periods

Most employees in Oregon must receive rest breaks and meal periods. Employers must provide workers with a paid, uninterrupted 10-minute rest break for every four-hour segment or major portion thereof in the work period. Employers must provide workers with at least a 30-minute unpaid meal period when the work period is six hours or greater. There are some exceptions and special rules apply to minor employees. For more information, contact any office of the Bureau of Labor and Industries.

Wage Claims

If an employer owes wages to a worker and does not pay, the worker may file a claim for back wages. In order to file a claim, contact any office of the Bureau of Labor and Industries. It will be necessary to fill out a form and to provide other information about what you are owed.

Laws Prohibiting Discrimination

Oregon and federal civil rights laws forbid an employer or landlord to discriminate against a worker or tenant because of race, color, sex, national origin, or religion. An employer may not discriminate against a worker who has been injured on the job. Civil rights laws protect workers from additional kinds of discrimination and also give workers certain rights. For more information, call the Civil Rights Division of any office of the Bureau of Labor and Industries.

Union Rights

Most employees in the private sector have the right to engage in group action to improve wages, benefits, and working conditions and to engage in union activities and support a union. For information, contact a union or the National Labor Relations Board at 503-326-3085 or www.nlrb.gov.

Workplace Safety and Health

You have a right to a safe and healthful place to work under both Oregon and federal law. If you are concerned about safety or health problems where you work, you have the right to tell your employer, discuss concerns with your co-workers, participate in related union activities, report job hazards to Oregon OSHA, and other rights. Your employer is required to display Oregon OSHA's "It's the Law!" safety and health poster at your workplace. For more information, contact Oregon OSHA at 1-800-922-2689 or visit www.osha.oregon.gov.

On-the-Job Accidents

Your employer is required to maintain an insurance policy which covers on-the-job accidents. Your employer



should post a notice which provides information about this insurance. The insurance company will pay the cost of medical treatment. It will also pay wages to workers who are unable to work because of an on-the-job accident. The employer is required to have a form which is used to notify the insurance company of the accident. Get one of these forms from your employer, fill it out, and return it to your employer, who will send it to the insurance company. If you do not have a form or cannot get one from your employer, call the **Workers Compensation Department** at 1-800-452-0288 to obtain one.

Protected time off to care for yourself or your family

Federal, state and local laws protect your right to take time off work when you, your child, or family members have a qualifying mental or physical illness, injury or health condition; to care for a new baby, newly adopted child or newly placed foster child; after the death of a family member; when you or your child have experienced domestic violence, sexual assault, harassment or stalking; and in other circumstances. Certain limitations apply.

All employers must allow employees to earn and use up to 40 hours of protected sick time each year. An employee may not be disciplined or terminated for taking protected sick time. In addition, employers with 10 or more employees (at least 6 for employers located in Portland) in Oregon must provide this sick time as paid leave. For more information, contact BOLI at 971-245-3844 or visit www.oregon.gov/BOLI for more information.

Federal Government Contracts

If you are working under a federal government contract, the contractor for whom you work must pay you no less than the applicable minimum wage, except when a higher rate has been established. The contractor must post a notice in a conspicuous place which gives the minimum wage or the higher wage if it has been established. There are other rights for employees that work under federal contracts. For information, call the U.S. Department of Labor. The telephone number is (503) 326-3057, or write: U.S. Department of Labor, Wage & Hour Division, 620 SW Main, Room 423, Portland OR 97205.

Unemployment Benefits

Oregon law provides benefits to persons who work, lose their jobs, and are not able to find another one. These unemployed persons may receive payments from the State of Oregon for a limited amount of time while looking for a job. This law is complicated and is not detailed here. If you are able to look for work, you may qualify for these benefits. Check with an office of the **Oregon Employment Department** at 1-800-237-3710.

Bureau of Labor and Industries

Eugene	Portland	Salem
1400 Executive Parkway, Suite 200 Eugene, OR 97401 (971) 245-3844	1800 SW 1 st Ave, Suite 500 Portland, OR 97201 (971) 245-3844	3865 Wolverine St. NE, Bldg. E-1 Salem, OR 97305 (971) 353-2305

Check here if you don't have any employees

Signature

Worker Signature

Date Received

Printed Name



Derechos de los trabajadores

Ley sobre contratistas de trabajo agrícola, forestal y en la construcción

La ley de Oregón controla las actividades de los contratistas de servicios de propiedades que proveen mano de obra en la limpieza. Según esta ley, todo contratista debe:

1. Tener una licencia y mostrarla a las personas con quienes hace contratos.
2. Dar a todas las personas a quienes emplea, recluta, solicita o provee, un acuerdo escrito que describa los términos y condiciones de trabajo. Este formulario debe estar escrito en inglés y en todos los demás idiomas usados para comunicarse con los trabajadores.
3. Dar a cada trabajador un formulario escrito que describa los derechos de los empleados. Este formulario debe estar escrito en inglés y en todos los demás idiomas usados para comunicarse con los trabajadores.
4. Fijar un anuncio en un lugar visible y accesible que diga si el contratista es obligado a proveer fianza o depósito de seguridad con el Departamento de Trabajo e Industrias. Este anuncio debe decir como presentar un reclamo, si el contratista debe salarios a un trabajador y no los paga.

Todo trabajador tiene derecho a iniciar acción legal contra un contratista si éste viola ciertas leyes que controlan las actividades de los contratistas. Para más información sobre su derecho a iniciar una acción legal, llame a una de las oficinas del Departamento de Trabajo e Industrias (vea la lista de oficinas en la próxima página).

Salario mínimo

Los contratistas de trabajo agrícola, forestal y en la construcción deben pagar a sus empleados por lo menos el salario mínimo (excepto en trabajos agrícolas de cosecha a mano y algunos otros). Estas leyes no corresponden a todos los trabajadores. Si tiene preguntas, llame a cualquier oficina del Departamento de Trabajo e Industrias o visite www.oregon.gov/BOLI para mayor información.

Períodos de descanso

La mayoría de los trabajadores en Oregón (incluso los trabajadores agrícolas), deberán recibir los períodos de descanso y comida. Los empleadores deben de proveer a los trabajadores un período de descanso interrumpido pagado de 10 minutos por cada periodo de 4 horas o mayor porción del mismo de la jornada de trabajo. Empleadores deben de proporcionar a los trabajadores por lo menos un período para la comida de 30 minutos sin pago, cuando el periodo de trabajo es de seis horas o más. Hay algunas excepciones y reglas especiales que se aplican a los empleados menores. Para más información, llame a cualquier oficina del Departamento de Trabajo e Industrias.

Demandas por salarios

Si un empleador debe salarios a un trabajador y no se los paga, el trabajador puede presentar un reclamo por salarios atrasados. Para presentar una demanda, llame a cualquiera de las oficinas del Departamento de Trabajo e Industrias. Tendrá que llenar un formulario y dar otra información sobre lo que se le debe.

Derechos sindicales

La mayoría de los empleados del sector privado tienen derecho a participar en acciones grupales para mejorar los salarios, los beneficios y las condiciones de trabajo, y participar en actividades sindicales y apoyar a un sindicato. Para obtener información, comuníquese con un sindicato o la Junta Nacional de Relaciones Laborales al 503-326-3085 o visite www.nlr.gov.

Accidentes en el lugar de trabajo

Su empleador debe mantener una póliza de seguros que cubra los accidentes que puedan ocurrir en el lugar de trabajo y fijar un aviso con la información sobre este seguro en un lugar visible. La compañía de seguros tiene que pagar los gastos del tratamiento médico y los salarios que el trabajador pierda de ganar, si tiene que dejar de trabajar a causa del accidente en el trabajo. El empleador debe tener un formulario para notificar del accidente a la compañía de seguros. Pida uno de estos formularios a su empleador, llénelo y devuélvaselo. El empleador lo enviará a la compañía de seguros. Si Ud. no tiene uno de estos formularios o no puede conseguir uno de su empleador, llame al Departamento de Compensación a Trabajadores (*Workers Compensation Department*) al 1-800-452-0288 para obtenerlo.

Leyes que prohíben la discriminación

Las leyes federales y estatales sobre derechos civiles prohíben a los empleadores y propietarios discriminar contra trabajadores o inquilinos debido a su raza, color, sexo, nacionalidad o religión. Ningún empleador puede discriminar contra un trabajador que haya sufrido una lesión en el trabajo. Las leyes de derechos civiles protegen a los trabajadores contra otros tipos de discriminación y también dan ciertos derechos a los trabajadores. Para más



información, llame al Departamento de Trabajo e Industrias de Oregon y pida hablar con la División de Derechos Civiles.

Seguridad y salud en el lugar de trabajo

Tiene derecho a un lugar seguro y saludable para trabajar, según las leyes federales y de Oregon. Si le preocupan los problemas de seguridad o salud donde trabaja, tiene derecho a informarle a su empleador, discutir sus inquietudes con sus compañeros de trabajo, participar en actividades sindicales relacionadas, informar los riesgos laborales a Oregon OSHA y otros derechos. Se requiere que su empleador muestre el cartel de seguridad y salud "¡Es la ley!" De OSHA de Oregon en su lugar de trabajo. Para obtener más información, comuníquese con Oregon OSHA al 1-800-922-2689 o visite osha.oregon.gov.

Tiempo libre protegido para cuidar de usted o su familia

Las leyes federales, estatales y locales protegen su derecho a ausentarse del trabajo cuando usted, su hijo o miembros de su familia tienen una enfermedad mental o física calificada, una lesión o un problema de salud; para cuidar a un nuevo bebé, niño recién adoptado o niño de acogida recién colocado; después de la muerte de un miembro de la familia; cuando usted o su hijo han experimentado violencia doméstica, agresión sexual, acoso o acoso; y en otras circunstancias. Se aplican ciertas limitaciones. Todos los empleadores deben permitir que los empleados ganen y usen hasta 40 horas de tiempo de enfermedad protegido cada año. Un empleado no puede ser disciplinado o despedido por tomar un tiempo de enfermedad protegido. Además, los empleadores con 10 o más empleados en Oregon (al menos 6 para los empleadores ubicados en Portland) deben proporcionar este tiempo de enfermedad como tiempo pagado. Para obtener más información, comuníquese con BOLI al 971-673-0761 o visite oregon.gov/BOLI/WHD/OST.

Contratos con el gobierno federal

Si Ud. está trabajando bajo un contrato con el gobierno federal, el contratista para quien Ud. trabaja debe pagarle por lo menos el salario mínimo, excepto cuando se haya fijado un salario más alto. El contratista debe fijar un anuncio en un lugar visible que indique el salario mínimo o el salario más alto, si se ha establecido un salario más alto. Los empleados que trabajan bajo contratos federales también tienen otros derechos. Para información, llame al Departamento Federal de Trabajo. El número de teléfono es (503) 326-3057, o escriba a: U.S. Department of Labor, Wage and Hour Division; 620 SW Main, Room 423, Portland, OR 97205.

Beneficios de desempleo

Las leyes de Oregon proveen beneficios de desempleo a los trabajadores que pierden su trabajo y no pueden encontrar otro. Las personas desempleadas pueden recibir pagos del Estado de Oregon por un período de tiempo limitado mientras buscan trabajo. La ley de desempleo es muy complicada, por lo que no tratamos de explicarla aquí. Basta decir que algunos trabajadores agrícolas y forestales tienen ciertos derechos. Si Ud. puede buscar trabajo, es probable que tenga derecho a recibir estos beneficios. Póngase en contacto con cualquier oficina del **Departamento de Empleo de Oregon** al 1-800-237-3710.

Oficinas del Departamento de Trabajo e Industrias

Eugene	Portland	Salem
1400 Executive Parkway, Suite 200 Eugene, OR 97401 (971) 245-3844	1800 SW 1 st Ave, Suite 500 Portland, OR 97201 (971) 245-3844	3865 Wolverine St. NE, Bldg. E-1 Salem, OR 97305 (971) 353-2305

Marque aquí si no tiene empleados

Firma

Firma del trabajador

Fecha recibida

Nombre del trabajador, en letra de molde



Disclosure Statement & Work Agreement

Labor contractors must provide a written statement disclosing the terms and conditions of employment to workers at the time they are hired, recruited, or solicited or at the time they are supplied to another by that contractor, whichever occurs first. Additionally, labor contractors must execute a written agreement with each of their workers prior to the start of work. A copy of the agreement must be furnished to each worker prior to starting work.

This form, together with WH-151 summarizing certain rights of workers, may be used to disclose terms of employment for recruitment purposes and, when signed by both the contractor and the worker, may also be used as a written agreement regarding the terms of employment.

Rate of Pay: This job will be paid at the following rate (rate per hour or piece-work rate).

Hourly rate	Piece-work rate
-------------	-----------------

Bonuses: There will be no bonuses.
 Bonuses will be given under the following conditions:

Personal Loans: There will be no personal loans.
 Personal loans will be given under the following conditions:

Housing and Day Care Services: Housing and day care services are not provided.
 Housing and/or day care services are provided under the following conditions (Only the fair market value of housing **furnished for the private benefit of the employee** may be deducted from wages):

Attach additional pages as necessary.

Employment Conditions: Your employment under this agreement will begin on this date: _____,
and end approximately on _____.

Your working hours and days are as follows:

Special conditions, if any:

Attach additional pages as necessary.

Equipment and Clothing: The following necessary equipment and clothing will be provided at no cost by the employer:

Attach additional pages as necessary.



BUREAU of LABOR & INDUSTRIES

Necessary equipment and clothing must be provided by each worker. Necessary equipment and clothing for this job is:

Attach additional pages as necessary.

Necessary equipment and clothing may be purchased or borrowed from the employer. The prices and/or conditions for obtaining equipment and clothing are as follows:

Attach additional pages as necessary.

Labor Dispute:

- There is **no** labor dispute at the work site.
- There is a labor dispute at the work site.

Owner of Operations:

For this job, the owner of the land or operation is:

(Name)

(Address)

Attach additional pages as necessary.

The parties agree that worker rights and remedies enumerated on Form WH-151, Rights of Workers, are incorporated in this agreement by reference, and that a copy thereof is attached hereto.

Other Working Conditions:

(If applicable)

Attach additional pages as necessary.

The parties further agree that this contract includes the provisions of the Service Contract Act (41 U.S.C. § 351-401), if applicable.

Check here if you don't have any employees

(Signature)

When used as a work agreement, both parties sign below:

(Employer/Representative Signature)

(Employee Signature)

(Printed Name of Employer/Representative)

(Printed Name of Employee)

(Date Signed by Employer/Representative)

(Date Signed by Employee)

(Employer Business Name)



Declaración de Divulgación y Acuerdo de Trabajo

Los contratistas de mano de obra deben proporcionar una declaración por escrito revelando los términos y condiciones de empleo a los trabajadores en el momento en que son contratados, reclutados o solicitados o en el momento en que son entregados a otro por el contratista, lo que ocurra primero. Además, los contratistas deben firmar un acuerdo por escrito con cada uno de sus trabajadores antes del comienzo del trabajo. Una copia del contrato debe ser entregada a cada trabajador antes del comienzo del trabajo.

Este formulario, junto con el WH-151, que resume algunos derechos de los trabajadores, puede utilizarse para revelar las condiciones de empleo para la contratación y, cuando sea firmado por el contratista y el trabajador, también puede ser utilizado como acuerdo escrito sobre las condiciones de empleo.

Forma de pago: La forma de pago para este trabajo será la siguiente (pago por hora ó por pieza).

Pago por Hora	Por Pieza
---------------	-----------

Bonos:

No habrá bonos.

Los bonos se darán bajo las siguientes condiciones:

Préstamos personales:

No se darán préstamos personales.

Los préstamos personales se darán de acuerdo a las siguientes condiciones:

Servicios de vivienda, y cuidado de niños:

No se proveen servicios de vivienda, ni cuidado de niños.

Se proveen servicios de vivienda y/o cuidado de niños de acuerdo a las siguientes condiciones. (Sólo el valor justo de mercado de la vivienda amueblada **para el beneficio privado del empleado** podrá deducirse de los salarios):

Adjunte páginas adicionales en caso de que sea necesario.

Condiciones de empleo: Bajo este contrato el trabajo comenzará el (fecha): _____,
y terminará aproximadamente el (fecha) _____.

Sus horas y días de trabajo son:

Condiciones especiales (si las hay):

Adjunte páginas adicionales en caso de que sea necesario.



Equipo y ropa de trabajo:

El empleador proporcionará el siguiente equipo y ropa necesarios sin costo alguno:

Adjunte páginas adicionales en caso de que sea necesario.

Los trabajadores deben proveer el equipo y ropa necesarios para el trabajo, que son los siguientes:

Adjunte páginas adicionales en caso de que sea necesario.

Los trabajadores pueden comprar u obtener en préstamo del empleador el equipo y ropa necesarios para trabajar. Los precios y/o condiciones para obtener el equipo y ropa son los siguientes:

Adjunte páginas adicionales en caso de que sea necesario.

Conflicto laboral:

- No hay conflicto laboral en el lugar de trabajo.
- Hay un conflicto laboral en el lugar de trabajo.

Dueño de Operaciones:

Para este trabajo, el dueño de la propiedad a trabajarse es:

(Nombre)

(Dirección)

Adjunte páginas adicionales en caso de que sea necesario.

Las partes acuerdan que los derechos y recursos de los trabajadores enumerados en el Formulario WH-151 quedan incorporados en este acuerdo por referencia, y se adjunta una copia del mismo a éste.

Otras condiciones de trabajo: (Si aplica)

Adjunte páginas adicionales en caso de que sea necesario.

Además, las partes acuerdan que este contrato incluye las disposiciones del Acta de Contratos de Servicios (41 U.S.C. §§351-401), si aplica.

Cuando se utiliza como acuerdo de trabajo, ambas partes firman a continuación:

(Firma del empleador)

(Firma del empleado)

(Nombre del empleador)

(Nombre del empleado)

(Fecha de la firma del empleador)

(Fecha de la firma del empleado)

(Nombre del negocio del empleador)



Notice of Compliance

Oregon law requires labor contractors to maintain a bond or deposit with the Commissioner of the Bureau of Labor and Industries to pay wages and other obligations. Property services contractors may qualify for an exemption to this requirement provided (among other requirements) that they have operated at least two years in compliance with civil right and wage and hour laws.

This contractor:

_____ (Name)

_____ (Address)

- Is an exempt property services contractor.
- Maintains a bond in the amount of _____ Information regarding this bond is as follows:

_____ (Bond Number) _____ (Expiration Date)

_____ (Name of Bond Agent) _____ (Telephone # of Bond Agent)

_____ (Name of Bonding Company)

_____ (Address of Bonding Company)

- Maintains a deposit in the amount of _____ with the Commissioner of the Bureau of Labor and Industries.

For more information, contact:

Bureau of Labor and Industries, Wage and Hour Division
Labor Contracting Unit
3865 Wolverine St. NE, Bldg. E-1
Salem, OR 97305-1268
971-358-3882

If this contractor owes you wages and has not paid, you may make a claim with the Bureau of Labor and Industries or (for contractors which maintain financial security in the form of a bond) the appropriate bonding company.



Aviso de Cumplimiento

La Ley del Estado de Oregon requiere que los contratistas de mano de obra mantengan una fianza o depósito con el Comisionado del Departamento de Trabajo e Industrias (Bureau of Labor and Industries). Contratistas de servicios de limpieza para propiedades pueden calificar para una exención, puesto que (entre otras condiciones) hayan operado durante dos años consecutivos en cumplimiento con la ley de derechos civiles y la ley de salarios y horas.

Este contratista:

_____ *(Nombre)*

_____ *(Dirección)*

- Es un contratista exento de servicios de limpieza para propiedades
- Mantiene una fianza en la cantidad de _____ La información sobre esta fianza sigue:

_____ *(No. de la fianza)*

_____ *(Fecha de vencimiento de la fianza)*

_____ *(Nombre del agente de la compañía de fianza)*

_____ *(No. de teléfono del agente)*

_____ *(Nombre de la compañía de fianza)*

_____ *(Dirección de la compañía de fianza)*

- Mantiene un depósito en la cantidad de _____ con el Comisionado.

Para mayor información, póngase en contacto con:

Bureau of Labor and Industries, Wage and Hour Division
Labor Contracting Unit
3865 Wolverine St. NE, Bldg. E-1
Salem, OR 97305-1268
971-358-3882

Si este contratista le debe sueldos y no se los ha pagado, Ud. puede hacer un reclamo con el Departamento de Trabajo e Industrias o (para los contratistas que mantienen una fianza) por vía de la compañía de fianza.



Statement of Earnings

Name of employee: _____

Name of employer: _____

Employer business registry or identification number: _____

Employer's address: _____

Employers telephone: _____ Date of statement/payment: _____

Pay period:	From: _____	To: _____
Total hours worked in period:	_____	Overtime hours: _____
Basis of payment:	\$ _____ per	<input type="checkbox"/> hour; <input type="checkbox"/> piece; <input type="checkbox"/> other _____
EARNINGS:	_____ X _____	= \$ _____
	<i>(Total hours, pieces, etc.)</i>	<i>(Rate of pay)</i>
	<i>(List earnings for each payment type separately)</i>	
OVERTIME: <i>(If applicable)</i>	_____ X _____	= \$ _____
	<i>(Overtime hours)</i>	<i>(Rate)</i>
	TOTAL GROSS WAGES	= \$ _____
DEDUCTIONS	AMOUNT	
Federal Tax	\$ _____	
State Tax	_____	
FICA	_____	
Medical Insurance, if provided	_____	
Dental Insurance, if provided	_____	
Other Deductions (specify)	_____	
	LESS TOTAL DEDUCTIONS	- \$ _____
	TOTAL WAGES PAID (NET PAY)	= \$ _____

Check here if worker is being paid for work done on Federal Service Contract Act project or other work requiring payment of a prevailing rate of wage, and specify classification and pay rate below:

Employee's work classification: _____ Hourly Rate of Pay: \$ _____



Declaración de Ingresos

Nombre del empleado: _____

Nombre del empleador: _____

No. de registro u identificación del empleador: _____

Dirección del empleador: _____

Número de teléfono del empleador: _____ Fecha de esta declaración / pago: _____

Periodo de pago: Desde: _____ Hasta: _____

Horas trabajadas en el periodo: _____ Horas a tiempo y medio: _____

Tipo de pago: \$ _____ por hora; pieza; otro: _____

GANANCIAS: _____ X _____ = \$ _____
(No. de horas, piezas, etc.) (Taza de pago)
(Aliste ganancias por cada tipo de pago separadamente)

GANANCIAS A TIEMPO Y MEDIO: _____ X _____ = \$ _____
(No. de horas extras) (Taza de pago)

MEDIO: (Si aplica)
TOTAL DE GANANCIAS EN BRUTO: = \$ _____

DEDUCCIONES

CANTIDAD

Impuesto federal \$ _____
Impuesto estatal _____
FICA _____
Medical _____
Beneficios Dentales _____
Otras Deducciones (Especifique) _____
MENOS TOTAL DEDUCCIONES - \$ _____
TOTAL PAGO NETO (NET PAY) = \$ _____

Marque con una "X" aquí si el trabajador recibe pago por trabajo bajo el Acta Federal de Contratos de Servicio o bajo alguna otra ley federal o estatal la cual obliga un salario corriente:

Clasificación del trabajador: _____ Pago Por Hora: \$ _____



Property Service Contractor Employee Counts, Work Locations and Demographic Information

Pursuant to OAR 839-015-0355, property services contractors are required to file information relating to their employee counts, work locations and certain demographic information with the Bureau of Labor and Industries. Labor contractors may use any form for filing this information so long as it contains all the elements of this form (WH-152P).

Pursuant to OAR 839-015-0145 and OAR 839-015-0400, property service contractors must keep records related to subcontracting with another property service contractor. In the work locations section below, include any worksite addresses where a subcontractor is responsible to perform the janitorial services or where you are hired as a subcontractor.

Property services contractors must file this information for **each license year** together with any application for license renewal.

Use a separate form WH-152P or equivalent for each license year.

Contractor Name: _____ Business Name: _____
 License Number: _____ Business Address: _____
 License Year: _____

Building Name (if any)	Worksite Address (Street, City, State and ZIP)	Property Service Contractor that hired your company for this site (if any)	Property Service Contractor that you hired to work at this site (if any)	Number of your employees at this site

(Attach additional sheets if necessary.)

Total number of workers employed to perform janitorial services: _____

Attach a summary of any demographic data that is voluntarily provided by employees relating to race, sex, sexual orientation, national origin, marital status and age.

Check here if no such information has been provided by employees

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**Certified Statement of
Property Services Contractor
Regarding Required Training**

I, _____, hereby certify that:

(Printed Name)

1. As required by ORS 658.428 and OAR 839-015-0380,
_____, (“property services contractor”) provided training of all managers, supervisors and workers engaged in janitorial work, in order to:
 - (A) Prevent sexual assault and sexual harassment in the workplace;
 - (B) Prevent discrimination in the workplace and promote cultural competency; and
 - (C) Educate the workforce regarding protection for employees who report a violation of a state or federal law, rule or regulation; and
2. Property services contractor provided the above training
 - (A) At least once during the year in which a property services contractor license is first issued to a property services contractor;
 - (B) For new employees, within 90 days of the employee’s initial hiring date; and
 - (C) At least once every two years after the renewal of a license; and
3. I have attached copies of the curriculum and related materials used to provide the training required by this rule to this statement.

I am not required to provide the above training during this renewal period.

Signature

Date

Printed name

Title

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