

Form 833176 (Excl) 12-14

Contractor _____
Address _____
Subcontractor _____
Address _____
Type of Work _____

IOWA DOT

CERTIFIED TRANSCRIPT OF LABOR PAYROLL

Payroll No. _____ Sheet _____ of _____
 For Week Ending _____
 County: _____, Iowa
 Contract ID No. _____
 Date of Letting _____ Wage Decision No. _____

FOR USE ON ALL
FEDERAL AID PROJECTS

Line No.	EMPLOYEE (Include name & identifying number such as last four digits of employee's SSN)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	ST or OT	Hours Worked Each Day							Total Hours	Rate Per Hour	Gross Amount Earned on This Project	Gross Amount Earned on All Work This Week	Deductions				Net Amount Earned		
				S	M	T	W	T	F	S					Soc. Sec. Tax	Fed. W/H Tax	State W/H Tax	Other Approved Deductions (Itemized)			
1.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
2.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
3.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
4.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
5.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
6.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
7.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
8.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	
9.																					
				Fringe Benefits (If any) if Paid in Cash																	
				Total																	

This space may be used for totals, footnotes, remarks, etc.

STATEMENT OF COMPLIANCE

COUNTY _____
 PAYROLL NO. _____

I, _____ do hereby state:
Name of Signatory Party Title

1) That I pay or supervise the payment of the persons employed by _____
Contractor or Subcontractor

on Contract I.D. No. _____, that during the payroll period commencing on the _____ of _____ and ending on the _____ of _____
(Year) (Year)

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said _____
Contractor or Subcontractor

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 defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat.948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

See Deductions Column of This Payroll

2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the 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.

4) That:

(a) **WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below. Details of the fringe benefit plan, fund, or program shall be submitted with the first payroll to the contracting authority. The submittal shall include description of the benefits, dollar amount contributed per hour, and if applicable, name of the Trustee or third person to whom the benefits were paid.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of applicable basic hourly rate plus the amount of the required fringe benefit as listed in the contract, except as noted in Section 4(c) below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION
Remarks	
Name & Title	Signature Date

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

NOTE:

Whenever possible the name of employees shall be grouped on the payroll transcript under their appropriate classification:

- 1) Supervisory and administrative (if included)
- 2) Skilled labor
- 3) Intermediate labor
- 4) Unskilled labor

Payroll transcripts are to be submitted to the project engineer within seven days from the end of the period covered.

The prime contractor shall be responsible for the submission of copies of payrolls of all subcontractors. See Required Contract Provisions Form FH-WA-1273.

Date Rec'd Project Engineer's Office _____

Checked by (if Applicable) _____

STATEMENT BY PRIME CONTRACTOR (if applicable)

This payroll for our subcontractor was received on _____, _____ and to the best of our knowledge is correct and complete. It was _____
(Year)

forwarded to the office of the project engineer on _____, _____
(Year)

Signed _____

Title _____



Iowa Department of Transportation

CERTIFIED
TRANSCRIPT OF LABOR PAYROLL

FOR USE ON ALL
FEDERAL AID PROJECTS

Payroll No. 16.00
For Week Ending 9/11/2000
County: Story, Iowa
Contract ID No. 85-0305-071
Date of 3/2/2000 Wage
Letting 3/2/2000 Decision No. IA00-1.2

Form 830176 (Excl) 12-09
Contractor Doolittle Construction Company
Address Exira, Iowa
Subcontractor _____
Address _____
Type of Work Culverts

Line No.	EMPLOYEE (Include name & identifying number such as last four digits of employee's SSN)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	ST or OT	Hours Worked Each Day							Total Hours	Rate Per Hour	Gross Amount Earned on This Project	Gross Amount Earned on All Work This Week	Deductions				Net Amount Earned
				S	M	T	W	T	F	S					Soc. Sec. Tax	Fed. W/H Tax	State W/H Tax	Other Approved Deductions (Itemized)	
1.	7290 Frank L. Bettor	Foreman-Carpenter Zone 5	ST	0	8	8	8	8	8	0	40	\$14.25	\$570.00	\$836.25	\$63.97	\$82.16	\$23.10	United Fund \$10.00	\$657.02
			OT	0	1	1	0	0	0	4	6	\$21.38	\$128.25						
			Fringe Benefits (If any) if Paid in Cash								46	\$3.00	\$138.00						
			Total										\$836.25						
2.	1257 Gene M. Culver	Power Shovel Operator over 1/2 C.Y. Zone 5 Group A Operator	ST	0	8	8	8	6	4	6	40	\$16.22	\$648.80	\$878.12	\$67.18	\$83.28	\$23.85	\$0.00	\$703.81
			OT	0	0	1	1	0	0	2	4	\$24.33	\$97.32						
			Fringe Benefits (If any) if Paid in Cash								44	\$3.00	\$132.00						
			Total										\$878.12						
3.	7508 Henry D. Copter	Carpenter - Form Setter Zone 5	ST	0	8	8	8	8	8	0	40	\$14.25	\$570.00	\$690.00	\$52.79	\$64.10	\$14.23	Insurance \$15.00	\$543.89
			OT	0	0	0	0	0	0	0	0	\$21.38							
			Fringe Benefits (If any) if Paid in Cash								40	\$3.00	\$120.00						
			Total										\$690.00						
4.	6855 Joe L. Brendell	Concrete Finisher Zone 5	ST	0	8	8	8	8	8	0	40	\$18.68	\$747.20	\$1,151.28	\$88.07	\$125.32	\$36.15	U.S. Bonds \$20.00	\$881.74
			OT	0	1	0	0	2	1	5	9	\$28.02	\$252.18						
			Fringe Benefits (If any) if Paid in Cash								49	\$3.10	\$151.90						
			Total										\$1,151.28						
5.	0424 Vernon E. Link	General Laborer Zone 5 Group A Laborer	ST	0	5	4	4	4	0	0	17	\$12.45	\$211.65	\$257.55	\$19.70	\$24.16	\$8.22	\$0.00	\$205.47
			OT	0	0	0	0	0	0	0	0	\$18.68							
			Fringe Benefits (If any) if Paid in Cash								17	\$2.70	\$45.90						
			Total										\$257.55						
6.	1154 James O'Leary	Form Setter Zone 5 Group A Laborer	ST	0	0	7	6	4	0	0	17	\$12.45	\$211.65	\$257.55	\$19.70	\$24.16	\$8.22	\$0.00	\$205.47
			OT	0	0	0	0	0	0	0	0	\$18.68							
			Fringe Benefits (If any) if Paid in Cash								17	\$2.70	\$45.90						
			Total										\$257.55						
7.	" "	Re-rod Setter Zone 5 Group B Laborer	ST	0	0	1	2	4	8	8	23	\$9.45	\$217.35	\$330.08	\$25.25	\$32.18	\$9.23	\$0.00	\$263.42
			OT	0	0	0	0	1	1	1	3	\$14.18	\$42.53						
			Fringe Benefits (If any) if Paid in Cash								26	\$2.70	\$70.20						
			Total										\$330.08						
8.	9825 Geo L. Mather	General Laborer Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00	\$621.00	\$47.51	\$63.95	\$13.22	Advance \$50.00	\$446.32
			OT	0	0	0	0	0	0	8	8	\$14.18	\$113.40						
			Fringe Benefits (If any) if Paid in Cash								48	\$2.70	\$129.60						
			Total										\$621.00						
9.	3674 Orrin P. Sluger	General Laborer Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00	\$621.00	\$47.51	\$63.95	\$13.22	\$0.00	\$496.32
			OT	0	0	0	0	0	0	8	8	\$14.18	\$113.40						
			Fringe Benefits (If any) if Paid in Cash								48	\$2.70	\$129.60						
			Total										\$621.00						

This space may be used for totals, footnotes, remarks, etc.

EXAMPLE - CONTRACTOR PAYING BENEFITS IN CASH EXCEPT FOR OPERATORS

01/29/10

Appendix 2-143



Iowa Department of Transportation

CERTIFIED
TRANSCRIPT OF LABOR PAYROLL

FOR USE ON ALL
FEDERAL AID PROJECTS

Supplemental to
Payroll No. 4, 5 & 6
For Week Ending 8/10, 8/17 & 8/24/00
County: Woodbury, Iowa
Contract ID No. 97-0296-105
Date of Letting 6/25/2000 Wage Decision No. IA00-1.1

01/29/10

Form 830176 (Excel) 12-09
Contractor Bright Lighting Company
Address 436 8th Street, Brighton, Iowa
Subcontractor _____
Address _____
Type of Work Lighting Salix Interchange

Line No.	EMPLOYEE (Include name & identifying number such as last four digits of employee's SSN)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	ST or OT	Hours Worked Each Day							Total Hours	Rate Per Hour	Gross Amount Earned on This Project	Gross Amount Earned on All Work This Week	Deductions				Net Amount Earned	
				S	M	T	W	T	F	S					Soc. Sec. Tax	Fed. W/H Tax	State W/H Tax	Other Approved Deductions (Itemized)		
1.	Due to new Union agreement, this supplemental payroll covers retroactive pay for electricians. Special payroll issued covering Aug 10-17 & 21. Paid the difference between 11.45 & 11.95 per hour																			
				Fringe Benefits (If any) if Paid in Cash																
				Total																
2.	5528 Henry A. Newman	Journeyman Electrician																		
				Total straight time 3 weeks							120	\$0.50	\$60.00							
				Total Overtime 3 weeks							10	\$0.75	\$7.50							
				Fringe Benefits (If any) if Paid in Cash							130									
				Total									\$67.50	\$67.50	\$5.16	\$6.75	\$2.50	IBEW \$2.75	\$50.34	
3.	3474 Andrew Porter	Journeyman Electrician																		
				Total straight time 3 weeks							110	\$0.50	\$55.00							
				Total Overtime 3 weeks							5	\$0.75	\$3.75							
				Fringe Benefits (If any) if Paid in Cash							115									
				Total									\$58.75	\$58.75	\$4.49	\$5.88	\$2.25	\$2.50	\$43.63	
4.																				
				Total straight time 3 weeks							90	\$0.50	\$45.00							
				Total Overtime 3 weeks							4	\$0.75	\$3.00							
				Fringe Benefits (If any) if Paid in Cash							94									
				Total									\$48.00	\$48.00	\$3.67	\$4.80	\$1.75	\$2.00	\$35.78	
5.																				
				TOTALS										\$174.25	\$13.33	\$17.43	\$6.50	\$7.25	\$129.74	
				Fringe Benefits (If any) if Paid in Cash																
				Total																
6.																				
				Fringe Benefits (If any) if Paid in Cash																
				Total																
7.																				
				Fringe Benefits (If any) if Paid in Cash																
				Total																
8.																				
				Fringe Benefits (If any) if Paid in Cash																
				Total																
9.																				
				Fringe Benefits (If any) if Paid in Cash																
				Total																

Appendix 2-14.4

This space may be used for totals, footnotes, remarks, etc.

EXAMPLE OF ONE SUPPLEMENTAL COVERING SEVERAL PAYROLLS



**CERTIFIED
TRANSCRIPT OF LABOR PAYROLL**

**FOR USE ON ALL
FEDERAL AID PROJECTS**

Supplemental to
Payroll No. 3 Final
For Week Ending 10/26/2000
County: Clarke, Iowa
Contract ID No. 20-0345-016
Date of Letting 9/17/2000
Wage Decision No. IA00-1.2

Form 830176 (Excel) 12-09
Contractor Sturdy Fence Company
Address Harper Valley, Iowa
Subcontractor Dusty Lumber Company
Address Birchwood, Iowa
Type of Work Fence 1.603 mi.

Line No.	EMPLOYEE (Include name & identifying number such as last four digits of employee's SSN)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	ST or OT	Hours Worked Each Day							Total Hours	Rate Per Hour	Gross Amount Earned on This Project	Gross Amount Earned on All Work This Week	Deductions				Net Amount Earned			
				S	M	T	W	T	F	S					Soc. Sec. Tax	Fed. W/H Tax	State W/H Tax	Other Approved Deductions (Itemized)				
1.	Error in figuring overtime gross on line 6, page 1, Payroll #3 for week ending 10/26/00 WAS SHOWN AS:																					
2.	1277 Mike Coleman SHOULD HAVE BEEN:	Fence Erector Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00									
			OT	0	0	0	0	0	0	5	5	\$14.18	\$80.90									
			Fringe Benefits (If any) if Paid in Cash								45	\$2.70	\$121.50									
			Total										\$580.40	\$580.40	\$44.40	\$58.16	\$12.53		Credit Union \$50.00	\$415.31		
3.	1277 Mike Coleman EXPLANATION:	Fence Erector Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00									
			OT	0	0	0	0	0	0	5	5	\$14.18	\$70.88									
			Fringe Benefits (If any) if Paid in Cash								45	\$2.70	\$121.50									
			Total										\$570.38	\$570.38	\$43.63	\$58.16	\$12.53		Credit Union \$50.00	\$406.06		
4.	Bookkeeping error in calculation																					
			Fringe Benefits (If any) if Paid in Cash																			
			Total																			
5.	Error on Overtime rate, line 3 page 2 of payroll No. 3 for week ending 10/26/00 WAS SHOWN AS:																					
			Fringe Benefits (If any) if Paid in Cash																			
			Total																			
6.	8116 Jerry N. Freese SHOULD HAVE BEEN:	General Laborer Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00									
			OT	0	0	0	0	0	0	5	5	\$14.28	\$71.40									
			Fringe Benefits (If any) if Paid in Cash								45	\$2.70	\$121.50									
			Total										\$570.90	\$570.90	\$43.67	\$58.18	\$12.53		\$0.00	\$456.52		
7.	8116 Jerry N. Freese EXPLANATION:	General Laborer Zone 5 Group B Laborer	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00									
			OT	0	0	0	0	0	0	5	5	\$14.18	\$70.88									
			Fringe Benefits (If any) if Paid in Cash								45	\$2.70	\$121.50									
			Total										\$570.38	\$570.38	\$43.63	\$58.16	\$12.53		\$0.00	\$456.06		
8.	Bookkeeping error in calculation																					
			Fringe Benefits (If any) if Paid in Cash																			
			Total																			
9.																						
			Fringe Benefits (If any) if Paid in Cash																			
			Total																			

This space may be used for totals, footnotes, remarks, etc.

EXAMPLE - SUPPLEMENTAL PAYROLL SHOWING OVERPAYMENT AND OTHER TYPES OF BOOKKEEPING ERRORS

01/29/10

Appendix 2-14.5