NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ❑ Contractor or ❑ Subcontractor F.E.I.N.			Business Address Project Location	Project Name Contract I.D. or Project I.D. **Contractor Registration #**	**SUBMIT** form by email: *equalpayact@dol.nj.gov* **IMPORTANT:** For purposes of law, you must also submit this form to the appropriate public body or lessor.
Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date or ❑ Final Certification			

1. Employee Name and Address	2. Work: Job Title *e.g., apprentice, journeyman, foreman*	2. Work: Work Classification/ Occupational Category *e.g., carpenter, mason, plumber*	3. Demographics: Sex *M=Male F=Female X=Non-Binary*	3. Demographics: Race *See Key*	Straight Time or Overtime	4. Day and Date: SU mm/dd	MO mm/dd	TU mm/dd	WE mm/dd	TH mm/dd	FR mm/dd	SA mm/dd	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other (specify)		Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
						Hours worked each day																		
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KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

❑ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by

____

(Contractor or Subcontractor)

on the ____

(Project Name & Location)

that during the payroll period beginning on (date) ___________, and ending on (date) ___________, 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 the aforenamed 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 the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(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 he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(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 the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☐ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name ____

Title ___________________________ Date (mm/dd/yy) __________

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
— N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan	Third-Party Trustee &/or Contract Person