### PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

(for Contractor and Subcontractor’s Use for Weekly and Final Certification)

(N.J.A.C. 12:60-2.1 and 5.1)

<table>
<thead>
<tr>
<th>PAYROLL NO.</th>
<th>WEEK ENDING</th>
<th>OR</th>
<th>FINAL CERTIFICATION</th>
<th>PROJECT NAME AND LOCATION</th>
<th>CONTRACTOR REGISTRATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 1. NAME AND ADDRESS OF EMPLOYEE

#### 2. WORK CLASSIFICATION

Overtime (OT) or Straight-time (ST)

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours Worked Each Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3. DAY AND DATE

#### 4. TOTAL HOURS

#### 5. RATE OF PAY

#### 6. GROSS AMOUNT EARNED

<table>
<thead>
<tr>
<th>This Project Only</th>
<th>Total for Week</th>
<th>FICA</th>
<th>Withholding Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 7. DEDUCTIONS

<table>
<thead>
<tr>
<th>Total Deductions</th>
<th>Total Wages Paid for Week</th>
<th>Fringe Benefit Cost/Hr.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 8. NET WAGES PAID FOR WEEK

#### 9. Total Fringe Benefit Cost/Hr.

---

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

**SUBMIT TO PUBLIC BODY OR LESSOR**
Date ________________

I, ___________________________, __________________________,
do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by ___________________________, on the ___________________________, (Contractor or Subcontractor) (Project Name and Location) that during the payroll period beginning on ___________________________, and ending on ___________________________, 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 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 as listed in the contract have been or will be made when due to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(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) below.

(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.

(c) FRINGE BENEFITS

<table>
<thead>
<tr>
<th>EXCEPTIONS (CRAFT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

REMARKS

PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*

1) Medical or hospital coverage ☐
2) Dental coverage ☐
3) Pension or Retirement ☐
4) Vacation, Holidays ☐
5) Sick days ☐
6) Life Insurance ☐
7) Other (Explain) ☐

* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

NAME AND TITLE

SIGNATURE