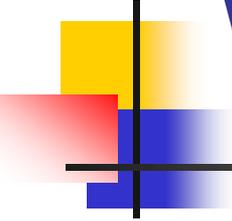


Local Aid Recipients Work Shop

Local Aid Recipients DBE\ ESBE EEO\Training and Wage Rate Program Work Shop



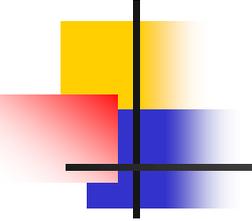
WELCOME

Welcome to the Local Aid Recipients Training Workshop....

**On behalf of the New Jersey Department of Transportation, Division of Civil Rights/
Affirmative Action , welcome.**

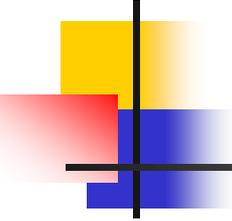
PURPOSE:

**To review your responsibilities to monitor and enforce DBE/ESBE/EEO/Training and
Wage Rate contract provisions that are a part of every Local Aid Federal Funded
contract.**



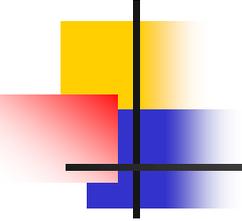
LOCAL AID CONTRACT REQUIREMENTS

- DBE/ESBE (Disadvantaged Business Enterprise/Emerging Small Business Enterprise)
- EEO (Equal Employment Opportunity)
- Training
- Wage Rate



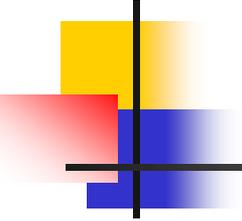
PROGRAM AUTHORITIES

- 49 CFR Part 26
- Executive Order 11246
- 41 CFR Part 60
- Davis-Bacon Act



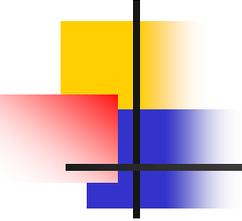
DIVISION OF CIVIL RIGHTS LOCAL AID RECIPIENT CONTRACT METHODOLOGY

- Initial DBE/ESBE Goal Set
- EEO Work Hour Goal
- Training Assignments
- Wage Rate Requirements



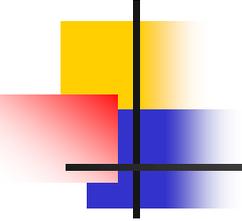
CONTRACT SPECIAL PROVISIONS

- **Must be included in every contract:**
- Standard Federal Equal Employment Opportunity Construction Contract Specifications(Executive Order 11246)
- Notice of Requirement for Affirmative Action to Ensure Equal Opportunity(Executive Order 11246)*Workforce Goals*
- Disadvantaged\Emerging Small Business Enterprise Utilization Attachment FHWA Funded Contracts
- Equal Employment Opportunity Special Provisions



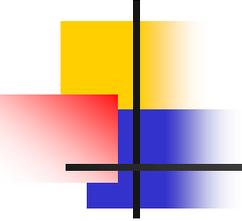
CONTRACT SPECIAL PROVISIONS-cont.

- Special Contract Provisions for Investigating, Reporting and Resolving Employment Discrimination and Sexual Harassment Complaints
- Incentive Program-Disadvantaged Business Enterprise Utilization Attachment for FHWA Funded Contracts



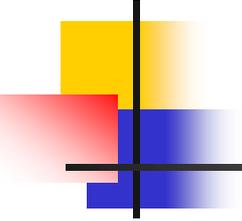
REQUIRED CONTRACTOR POSTINGS

- NJ Dept. of Labor-Prevailing Wage Rate Determination
- NJ Dept. of Law & Public Safety-EEO Posters
- US Dept. of Transportation-Wage Rate Information
- US Dept. of Labor-Wage Determination Decision
- US Dept. of Labor-EEO Posters
- US Dept. Transportation-Fraud Poster
- NJ Dept. of Transportation-Policy 2.1201-Sexual Harassment
- Corp.EEO Officer and site EEO Officer
- Contractor Sexual Harassment Policy
- Company EEO Policy Statement



AREAS OF CONTRACTOR COMPLIANCE

- DBE/ESBE Utilization
- EEO Work Hour(s)
- Training Program
- Wage Rate



DBE UTILIZATION

- Form "A" Submittal
- Form "A" Revision Submittal
- DBE Online Directory at:
www.njucp.net

Distribution: Contractor → Sponsor → District
Office

AMOUNT: \$199,940,881.72

DATE: February 2, 2012

SCHEDULE OF DISADVANTAGED/EMERGING SMALL BUSINESS ENTERPRISE (D/ESBE) PARTICIPATION

CLASSIFICATION	NAME OF D/ESBE CONTRACTOR	ADDRESS	TYPE OF WORK (ELECTRICAL, PAVING, ETC.) & CONTRACT ITEMS OR PARTS THEREOF TO BE PERFORMED	PROJECTED COMMENCEMENT & COMPLETION DATE FOR WORK	ACTUAL DOLLAR AMOUNT OF SUB-CONTRACT WORK
T/H	Roy Miller & Sons Trucking	22 Nor-Laine Drive Cookstown, NJ 08511	Asphalt Supply: # 93, 96, 97	10/01/08 - 08/07/12	\$6,365,400.00 (100% = \$6,365,400.00 (% of Total Contract Value = 3.184%)
D/S	Rubina Electrical Sales	7221 Kennedy Blvd. No. Bergen, NJ. 07047	530-532,535-544,548-551, 555-556	10/1/08 - 8/7/12 (% of Total Contract Value - .19	\$650,000 (60%-\$390,000)
D/S	Jen Electric	631 Morris Ave. Springfield, NJ 07081	449,451,472,480,491-502,506- 509,519-528,533-534	2/1/09 - 8/7/12 (% of Total Contract Value - .15%)	\$500,000 (60%-\$300,000)
D/S	East West Trading	200 So. Jefferson St. Orange, NJ 07050	441-444,448,452-469, 489-490	2/1/09 - 8/7/12 (% of Total Contract Value - .4	\$1,350,000 (60%-\$810,000)

CLASSIFICATION:

- SUBCONTRACTOR (100% CREDIT)
- MANUFACTURER (100% CREDIT)
- REGULAR DEALER/SUPPLIER (60% CREDIT)
- REGULAR DEALER/INSTALLER (100% CREDIT)
- TRUCKER/HAULER (100% CREDIT)
- EQUIPMENT LESSOR (100% CREDIT)

George Harms Construction Co., Inc
BIDDER - PRINT NAME

Edward Nyland
D/ESBE LIAISON OFFICER

732-938-4004
TELEPHONE NUMBER

NOTES: A REGULAR DEALER/SUPPLIER MUST MAINTAIN INVENTORY AND/OR OWN OR OPERATE DISTRIBUTION EQUIPMENT. PRIME CONTRACTOR WILL NOT RECEIVE CREDIT FOR DBE BROKER PARTICIPATION.

MEMORANDUM

TO: Vincent Cortese
Manager
Bureau of Construction Services

FROM: Nelida Valentin, Executive Director
Division of Civil Rights and Affirmative Action

DATE: May 1, 2009

PHONE: 5-3009

SUBJECT: Recommendation to Award

PROJECT: Route I-80 Westbound, From East of South Beverwyck Road to West of Route 23 Interchange, Contract No. 046073110; Bridge Deck Patching and Resurfacing, Parsippany-Troy Hill, Montville and Wayne Townships, Fairfield Borough, Morris, Essex and Passaic Counties
Federal Project No. FS-080-5(088)
DP09113

LOW BIDDER: Intercounty Paving Associates, LLC

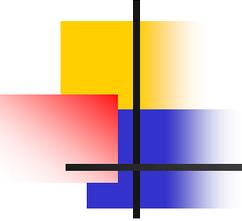
GENERAL STATEMENT:

The bid opening for this project was held on April 28, 2009 at which time four (4) bids were received with Intercounty Paving Associates, LLC being the apparent low bidder.

The low bidder's D/ESBE Affirmative Action Plan has been reviewed by the Division of Civil Rights/Affirmative Action and was found acceptable to the Department.

The low bidder has satisfactorily addressed the following areas as required in the contract specifications:

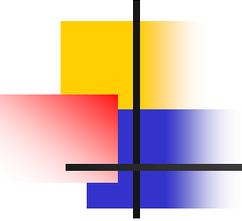
- A) D/ESBE Liaison Officer: Angel Rivera
- B) Department's DBE Goal established for this project: DBE - 14%
- C) Low Bidder's DBE attainment: DBE -14.02%



DBE UTILIZATION cont.

- AD-267 Monthly DBE/ESBE Utilization Report

Distribution: Contractor → Sponsor → District Office → Division of Civil Rights / Affirmative Action



DBE UTILIZATION cont.

- AD-268 Final DBE/ESBE Report

Distribution: Contractor → Sponsor → District Office → Division of Civil Rights / Affirmative Action

FINAL DBE REPORT

THE FINAL DBE REPORT FORM SHOULD BE FILLED OUT BY THE CONTRACTOR AND SUBMITTED TO THE RESIDENT ENGINEER FOR REVIEW UPON COMPLETION OF THE PROJECT. THE REPORT SHOULD REFLECT ALL DBE ACTIVITY ON THE PROJECT. THE REPORT SHOULD THEN BE FORWARDED TO THE OFFICE OF CIVIL RIGHTS.

IF THE DBE GOAL REQUIREMENTS WERE NOT MET, DOCUMENTATION SUPPORTING GOOD FAITH EFFORTS MUST BE SUBMITTED WITH THE FINAL REPORT.

PROJECT: _____ AWARD DATE: _____ AWARD DBE GOAL: _____

CONTRACTOR: _____ CONTRACT AMOUNT: _____ FINAL DBE GOAL: _____

NAME OF DBE SUPPLIER OR SUBCONTRACTOR	TOTAL AMOUNT OF WORK PERFORMED	TOTAL DOLLAR AMOUNT PAID TO DBE SUPPLIER OR SUBCONTRACTOR

THIS IS TO CERTIFY THAT _____% OF THE WORK WAS COMPLETED BY DISADVANTAGED BUSINESS ENTERPRISE SUBCONTRACTOR/SUPPLIERS AS STATED ABOVE.

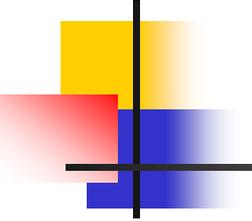
NAME OF GENERAL CONTRACTOR

CONTRACTOR'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME, THIS _____ DAY OF _____, A.D. 20 _____

NOTARY PUBLIC _____ COUNTY

MY COMMISSION EXPIRES: _____



EEO WORK HOUR COMPLIANCE

- New monthly workforce reporting requirements have been implemented by the NJDOT
- Monthly Workforce data will now be reported via a web based application.
- CC-257 R Monthly Report
- CC-257 R Report will also satisfy the requirements for the 1391 July Report
- Registration Questions-Joe Weber

(609)530-2469

Stimulus Reporting

We are pleased to announce that the Stimulus Reporting on workforce information (CC-257 form) is available through the NewJersey portal - <http://www.state.nj.us> on the Internet. To access this application, you will need to be **1)** registered with the NewJersey portal, **2)** receive an authorization code number (via email) to provide you with the link to the application. If you have already have a portal account you do not need to register again. Instructions below explain the registration process.

NewJersey Portal Registration Instructions

To register, please follow these instructions carefully.

If you have already registered on the NewJersey portal and need to enter an Authentication Code for a new application, go to <http://www.state.nj.us> and follow the instructions beginning at step 7.

1. Open an Internet browser and type <http://www.state.nj.us> in the address box and press <Enter>.
2. At the top left is the Login and Register boxes for the Portal.
3. Click on “Register”.
4. In the dialog box entitled “Create Your My New Jersey ID”, enter a Log On ID and Password of your choosing and the rest of the requested information. Be sure to include a challenge question and valid email address in case you forget your password.— This is the account your Portal password will be sent to if you forget it. You will not be able to get into the application if you do not log onto the Portal)
5. Now that you have created your account, logout. The next step is to verify the existence of your new account.
6. Log in to your account using your newly created Log On ID and Password.

Activating Authentication Code

Authentication codes will be sent via email under separate cover after you have emailed the following to trnsport@dot.state.nj.us

1. Company Name
2. Email Address for Company Official or CEO
3. Company’s Federal Identification Number
4. Contact Person’s Name (this is the person who registered the account and will be logging on and supplying the requested employment data)
5. Contact Person’s email address

Once you receive the code, follow the instruction below to provide access to the Stimulus Reporting program.

7. Once logged into the Portal, select 'Enter Authentication code'.
8. Follow the instructions carefully. Type the code in the textbox titled 'Authentication code', and click the 'Finished' button. The code is case-sensitive.
9. The system will log you out.
10. Log in to your account. Your new application will have a link under the NJDOT heading.

Important: Under no circumstances should you give your authentication code to another user. This code has been personalized for your particular need.

NOTE: If you have questions and or problems with any of these steps please send an email to the following address: NJDOTWorkForceReporting@dot.state.nj.us



Welcome Identification Reporting Status Reporting Help Guide

New Jersey Department of Transportation

Monthly Employment Utilization Report

Employment Standards Administration

Office of Federal Contract Compliance Programs

Name of Company	STIMULUS REPORTING TEST VENDOR				Federal I.D. No.	99999STIM			
Address	1035 PARKWAY AVENUE, TRENTON, NJ, 08625				Vendor I.D. No.	99999STIM			
Compliance Agency	NJDOT	Project Name							
Project Identifier	U.P.C. No.	Federal Proj I.D.	D.P. No.	Contract No.	Contract ID.	Reporting Period No.	1		
Type of Contract	Type of Contractor		Type of Project		Type of Service				
1=CONSTRUCTION,2=CONSULTANT 3=RAIL, 4=ROW, 5=UTILITY	1=PRIME, 2=SUB		1=FEDERAL, 2=STATE, 3=FED STIMULUS, 4=STATE STIMULUS		1=MFG,2=SERVICE,3=WHOLESALE 4=RETAIL, 5=OTHER				
Current Goals	Reporting Period	Total Wages (Existing Employees)	0		County				
Minority	From	Total Wages (New Employees)	0						
Female	To	Total Wages	0						
	1/1/2009								
	1/31/2009								

Report all permanent and new employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1a and 4

1. JOB CATEGORIES	CLASSIFICATIONS	Total Federal & Non-Federal Employee Work Hours										Percentages		Employees					
		a. Total Work Hours of All Employees By Job Category		b. Black (Not of Hispanic Origin)		c. Hispanic		d. Asian or Pacific Islander		e. American Indian or Native American		2. Minority Percentage	3. Female Percentage	4. Total Number of Employees		5. Total Number of Minority Employees		6. Total Number of On the Job Trainees	
		M	F	M	F	M	F	M	F	M	F			M	F	M	F	M	F
Professional Services																			
Officials and Managers	Journey Worker (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Apprentice (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sub-Total (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of Employees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

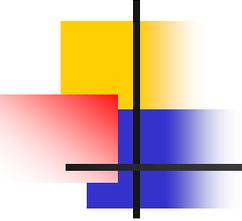
On the Job Trainees	Journey Worker (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Apprentice (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sub-Total (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of Employees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Journey Workers (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Apprentices (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total New Employee (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Number of Employees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Company Officials Name	OVERTON CORP.	Telephone Number (include Area Code)	Date Submitted	3/16/2009 8:12:38 AM
Company Official's Title	PRESIDENT	732-000-0000	Digital Signature	JEFFDACS@YAHOO.COM

This report takes the place of the CC-257 Report, the 1391 July Report and the Employee Information Report.

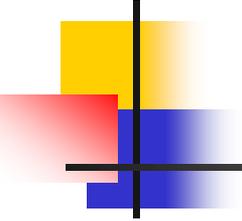
SUBMIT **RESET**

* Mandatory Fields yellow=Calculated Fields



TRAINING PROGRAM REQUIREMENTS

- Training Program Submittal
- Training Program Approval Letter
- Apprentice/Trainee Approval Memo
- Training Program Revisions
- Training Program Progress Reports
 - 1) Bi-Weekly Training Report
 - 2) Contractors 1409 Quarter Training Report
 - 3) Training Certificate



TRAINING PROGRAM REQUIREMENTS

- Training Program Submittal

Distribution: Contractor → Sponsor → District
Office → Division of Civil Rights (CR
approves)

NEW JERSEY DEPARTMENT OF TRANSPORTATION
MEMORANDUM

TO: _____
Resident Engineer

FROM: _____

SUBJECT: Initial Training Program

DATE:

EXT.

Please be advised that the Contractor's attached Initial Training Program date (00-00-00) is hereby approved. Your written concurrence date (00-00-00) is also acknowledge.

The effective date for contractor implementation of training and reimbursement is (00-00-00).

Per the "**Revised Standard Training Guidelines 8/96**" training program information for the required position is as follows:

TRAINING
POSITIONS

PROGRAM
HOURS

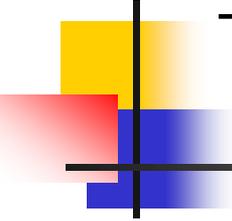
MIN. AVAIL
HOURS

EST. START
DATES

NOTE: The Contractor is required to submit a signed copy of each Guideline simultaneously with each Apprentice/Trainee Approval Memorandum.

The above minimum hours are approved with the understanding that should additional hours become available, the Contractor is required to provide this training up to the total program hours. If the start dates are not met, the Contractor will submit revised ones for your review.

The Training Special Provisions state: "Training and upgrading of minorities and females toward journey person status is a primary objective of this Training Special Provision. Accordingly, the Contractor shall make every effort to enroll minority trainees and females (e.g., by conducting systematic and direct recruitment through public and private sources likely to yield minority and female trainees) to the extent that such persons are available within a reasonable area of recruitment." When nonminorities are candidates, proposed as the Contractor must first document all prior steps taken to obtain minorities and females. This documentation, including minority and female non-availability letters from unions and all other recruitment sources, must accompany the Apprentice/Trainee Approval Memorandum.



TRAINING PROGRAM REQUIREMENTS cont.

- Program Approval Letter

Distribution: Division of Civil Rights → District Office → Sponsor → Contractor

NEW JERSEY DEPARTMENT OF TRANSPORTATION
MEMORANDUM

TO: _____
Resident Engineer

FROM: _____

SUBJECT: Initial Training Program

DATE:

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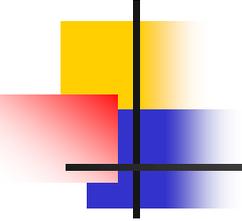
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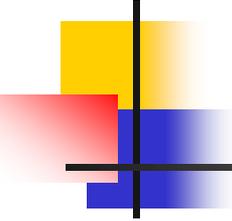
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TRAINING PROGRAM REQUIREMENTS cont.

- Apprenticeship/Trainee Approval Memo

Distribution: Contractor → Sponsor
(approves, copy to District
Office) → Contractor



TRAINING PROGRAM REQUIREMENTS cont.

Bi-Weekly Training Report

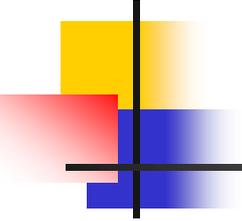
Distribution: Contractor → Sponsor (sponsor
copies District Office)

**NEW JERSEY DEPARTMENT OF TRANSPORTATION
DIVISION OF CIVIL RIGHTS
BIWEEKLY TRAINING REPORT**

- 1. PROJECT: _____ FED. PR. #: _____
- 2. CONTRACTOR: _____ SUB: _____
- 3. TRAINEE NAME: _____
- 4. TRAINING PROGRAM: _____
- 5. TRAINEE START DATE: _____ CRAFT START DATE: _____
- 6. TRAINING PERIOD REPORTED FROM: _____ TO: _____
- 7. BIWEEKLY HOURS SHOWN BELOW:

GUIDELINE CATEGORY	M	T	W	T	F	S	S	M	T	W	T	F	S	S	PROG	REPORT	TO DATE	HOURS
															HOURS	HOURS	HOURS	TO DO
TOTALS																		

- 8. TRAINEE SIGNATURE: _____ DATE: _____
- 9. CONTRACTOR SIGNATURE: _____ DATE: _____
- 10. THIS BIWEEKLY DOES _____ DOES NOT _____ AGREE WITH THE DC-29 REPORTS.
I CONCUR _____ DO NOT CONCUR _____ WITH THE ABOVE CRAFT START DATE.
- R.E. SIGNATURE: _____ DATE: _____



TRAINING PROGRAM REQUIREMENTS cont.

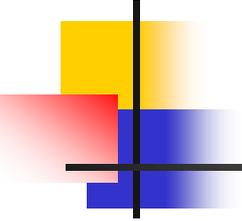
- Contractor's 1409 Quarterly Training Report

Distribution: Contractor → Sponsor
(sponsor copies District Office)

NEW JERSEY DEPARTMENT OF TRANSPORTATION
DIVISION OF CIVIL RIGHTS

CONTRACTOR'S 1409 QUARTERLY TRAINING REPORT

1ST & 2ND QUARTERS	DUE DATES	3RD & 4TH QUARTERS	DUE DATES
JAN 1 TO MAR 31	APRIL 10	JUL 1 TO SEP 30	OCTOBER 10
APR 1 TO JUN 30	JULY 10	OCT 1 TO DEC 31	JANUARY 10
1. PROJECT: _____		FED. PR. #: _____	
2. CONTRACTOR: _____		SUB: _____	
3. TRAINEE NAME: _____			
4. TRAINEE ADDRESS: _____			
5. SOCIAL SECURITY #: _____			
6. EMPLOYE NEW HIRE _____ OR UPGRADE _____			
7. ETHNIC GROUP: BLACK _____ HISPANIC _____ ASIAN/PACIFIC ISLANDER _____ NATIVE AMERICAN (INDIAN)/ALASKAN NATIVE _____ CAUCASIAN/PORTUGESE _____			
8. MALE OR FEMALE: _____			
9. CURRENT TRAINING PROGRAM: _____			
10. TYPE OF TRAINING: APPRENTICESHIP _____ LABORER _____ CLERICAL _____			
11. FIRST TRAINING DATE: _____		LAST TRAINING DATE: _____	
HOURS OF TRAINING DATA	JAN-MAR 20 _____	APR-JUN 20 _____	JUL-SEP 20 _____
	OCT-DEC 20 _____		
12. GIVEN THIS QUARTER _____			
13. GIVEN TO DATE _____			
14. NEEDED TO COMPLETE _____			
15. TRAINING PROGRESS: _____ A=ACTIVE, L=LAI D OFF, TR=TRANSFERR ED, Q=QUIT, T=TERMINATED, O=OTHER, N-NO MORE WORK, C=COMPLETED			
COMMENTS: _____			
16. TRAINEE SIGNATURE: _____		DATE: _____	
17. CONTRACTOR SIGNATURE: _____		DATE: _____	
18. R.E. SIGNATURE: _____		DATE: _____	
NOTE: ATTACH COPIES OF LAST BIWEEKLY/TRAINING CERTIFICATE TO FINAL 1409 REVISED 9/94			



TRAINING PROGRAM REQUIREMENTS cont.

- Training Certificate

Distribution: Contractor → Trainee
(Contractor copies the Sponsor →
District Office)

**NEW JERSEY DEPARTMENT OF TRANSPORTATION
DIVISION OF CIVIL RIGHTS
TRAINING CERTIFICATE (FOR REPORTING HOURS TO NJDOT)**

As required by the Contract Training Special Provisions, the Contractor is providing the apprentice or trainee, at the conclusion of his/her training, this Training Certificate showing the hours of training satisfactorily completed.

Presented To: _____

Presented By: _____ (Company Name)

On the _____ NJDOT Project

Dated: _____

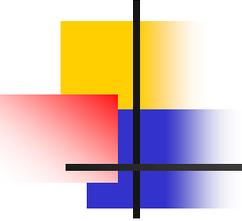
The Contractor hereby certifies that the above named apprentice or trainee completed _____ hours of the _____ Standard Program Hours for the _____ training position.

Certified By Contractor: _____
Signature Date

Received By App./Trainee: _____
Signature Date

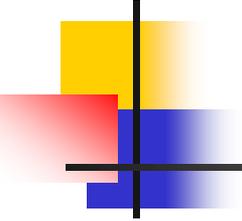
Recorded By NJDOT R.E.: _____
Signature Date

Distribution:
Original-Apprentice/Trainee
Copy-Contractor
Copy-NJDOT Resident Engineer
Copy-NJDOT/DCR Training Coordinator (Attach LAST BIWEEKLY/FINAL 1409)



WAGE RATE REQUIREMENTS

- Davis-Bacon Act
- Submission of Forms
 - 1) Certified Payroll-weekly
 - 2) Payroll Form WH-347-weekly
 - 3) Form DC-126- monthly
 - 4) Form DC-127- monthly



WAGE RATE

- Certified Payroll
- Payroll Form WH-347

Distribution: Contractor → Sponsor → Sponsor
copies the District Office

U.S. Department of Labor
 Employment Standards Administration
 Wage and Hour Division

PAYROLL

(For Contractor's Optional Use, See Instructions, Form WH-347 Inst.)

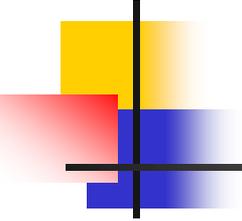
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS OMB No: 1215-0149
Expires: 03/31/2006

PAYROLL NO. FOR WEEKS ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO.

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2)	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) Net WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
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We estimate that it will take an average of 56 minutes to complete this collection of information, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



WAGE RATE cont.

Form DC-126-Wage Rate Inspection

Distribution: Sponsor → District Office

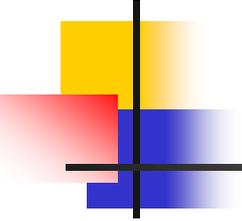
NEW JERSEY DEPARTMENT OF TRANSPORTATION

WAGE RATE INSPECTIONS

SEE REVERSE SIDE FOR INSTRUCTIONS

Route and Section or Description			Federal Project No.		DP No.		Date	
PART 1				PART 2	PART 3		PART 4	
EMPLOYEE'S NAME, ADDRESS AND SOCIAL SECURITY NUMBER	EMPLOYER'S NAME (Company's Name)	Hourly Rate of Pay	Fringe Benefits Paid in "Cash" or to "Plan"	CLASSIFICATION OF WORK PERFORMED	N.J. Dept of L. & I. Wage Rate	U.S. Dept of Labor Wage Rate	Payroll Wage Rate	PAYROLL CLASSIFICATION
		Overtime Rate			Overtime Rate	Overtime Rate		
						1 ½		
						1 ½		
						1 ½		
						1 ½		
						1 ½		
						1 ½		
						1 ½		
PARTS 1 & 2 COMPLETED BY _____			PART 3 COMPLETED BY _____		PART 4 COMPLETED BY _____			

NOTE DISCREPANCIES AND CORRECTIVE ACTION ON REVERSE SIDE



WAGE RATE cont.

Form DC-127-Monthly Summary of Contractor's Payroll

Distribution: Sponsor → District Office

NEW JERSEY DEPARTMENT OF TRANSPORTATION
MONTHLY SUMMARY OF CONTRACTOR'S PAYROLLS

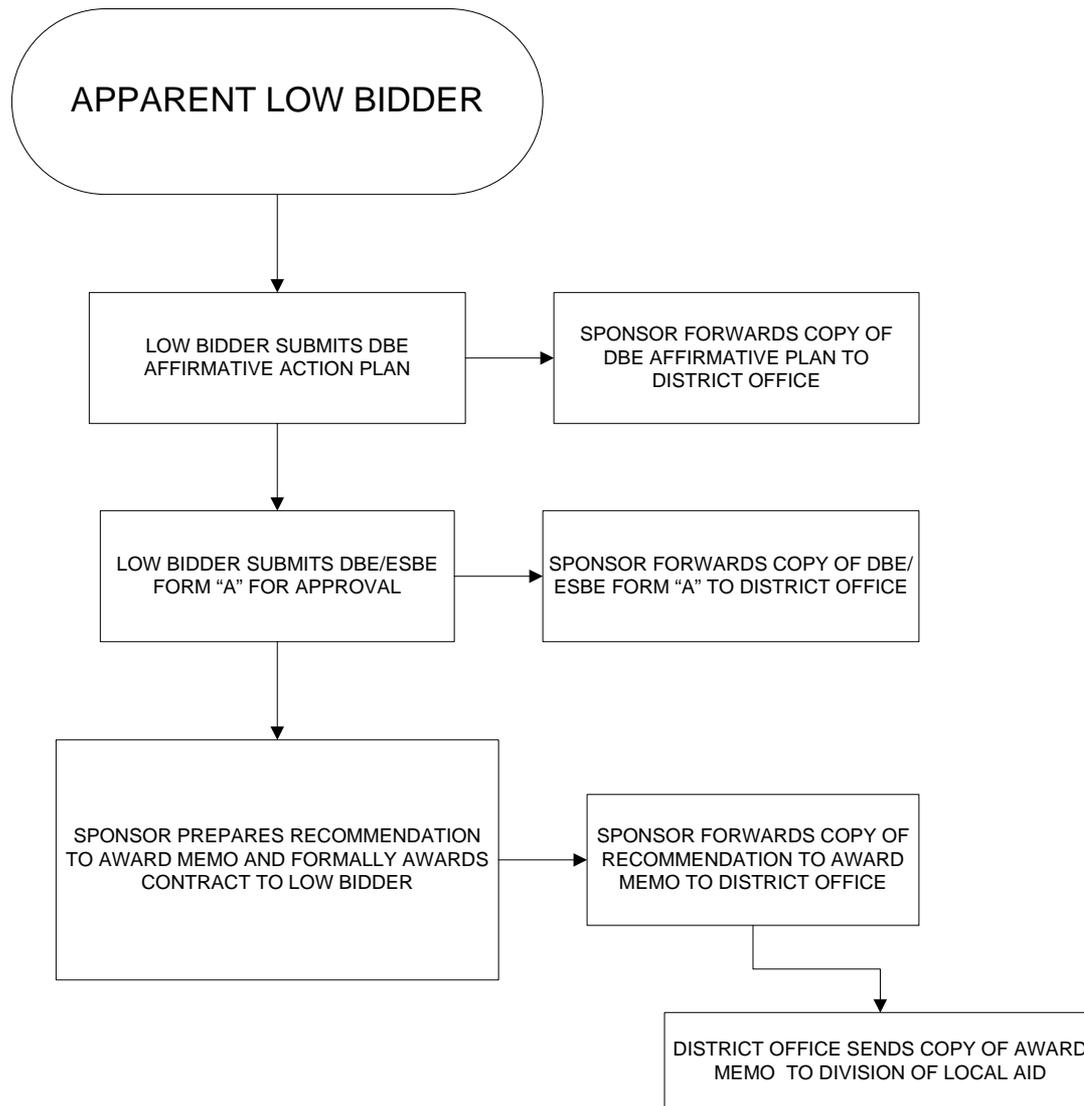
Form DC-127 1/99

SEE REVERSE SIDE FOR INSTRUCTIONS

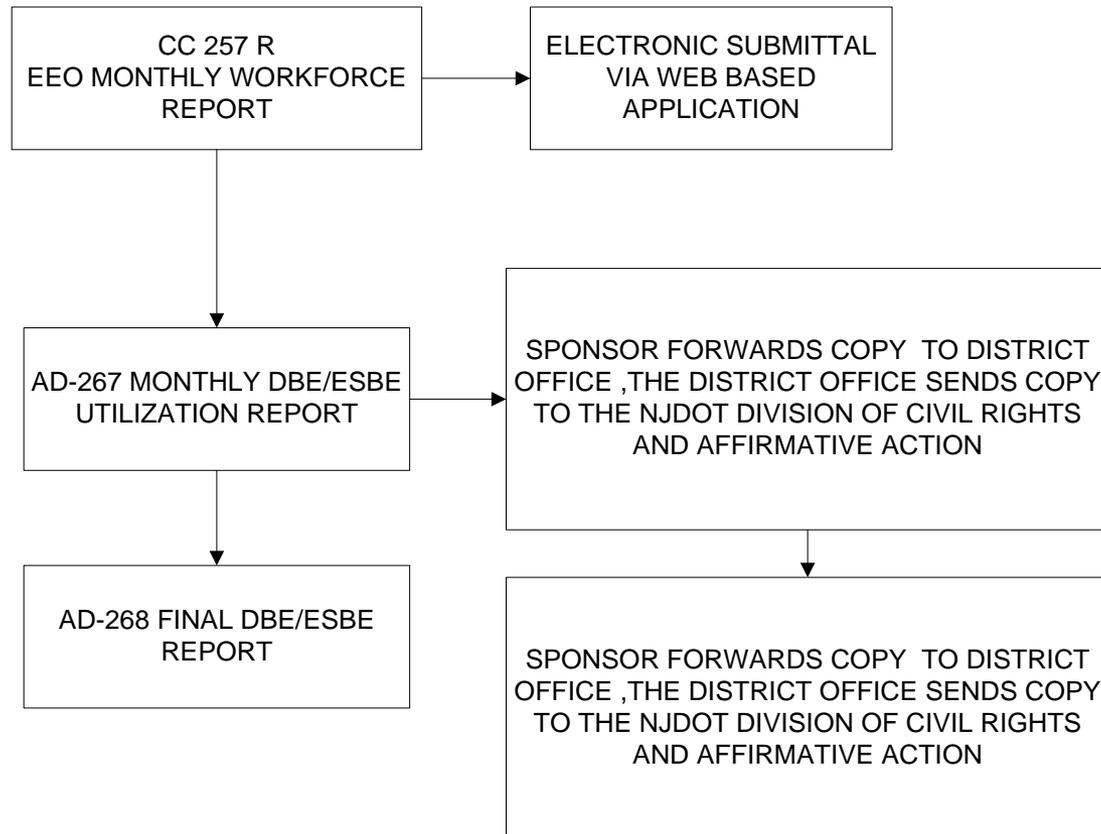
ROUTE	SECTION	DESCRIPTION					REGION	FEDERAL PROJECT NO.	DP NO.	DATE		
NAME OF EMPLOYER	CONTRACTOR	SUBCONTRACTOR	SUB SUBCONTRACTOR	OTHER	DATE OF LAST PAYROLL PRIOR TO THIS REPORT	DATES OF PAYROLLS SUBMITTED WITH THIS REPORT					NUMBER OF WAGE RATE INSPECTIONS (EMPLOYEES INTERVIEWED) THIS MONTH	
<p>I certify that, to the best of my knowledge, all employees working on this project during this period have been included on a payroll and all payrolls submitted herewith comply with the requirements of the Project's Specifications, except as noted (attach explanatory memorandum). Furthermore, I certify that the Contractor has the required posters displayed in conspicuous locations.</p>											<p align="center">TOTAL WAGE RATE INSPECTIONS THIS MONTH</p>	

 RESIDENT ENGINEER (*Signature*)

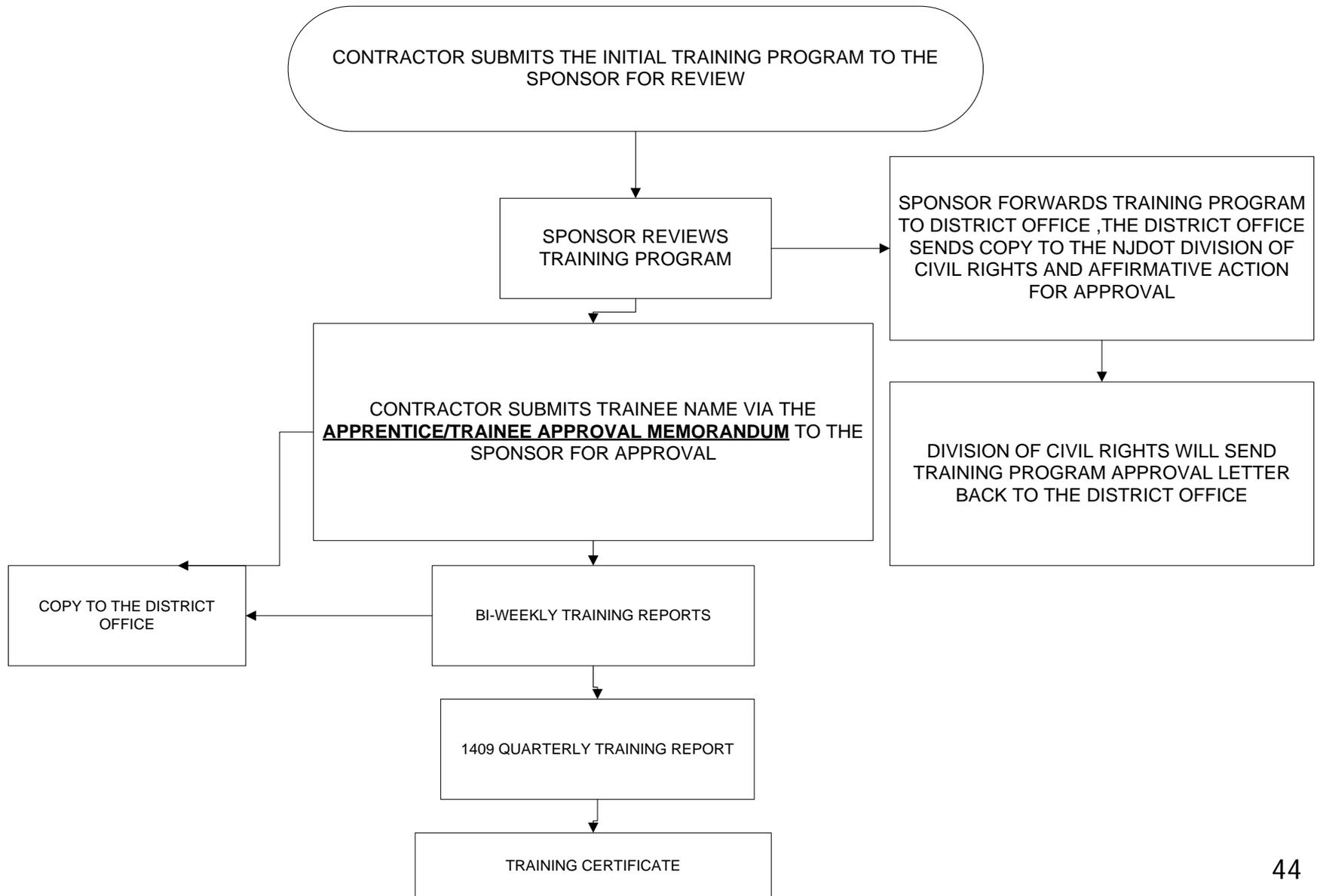
INITIAL CONTRACTOR SUBMITTALS TO RECIPIENT (SPONSOR)



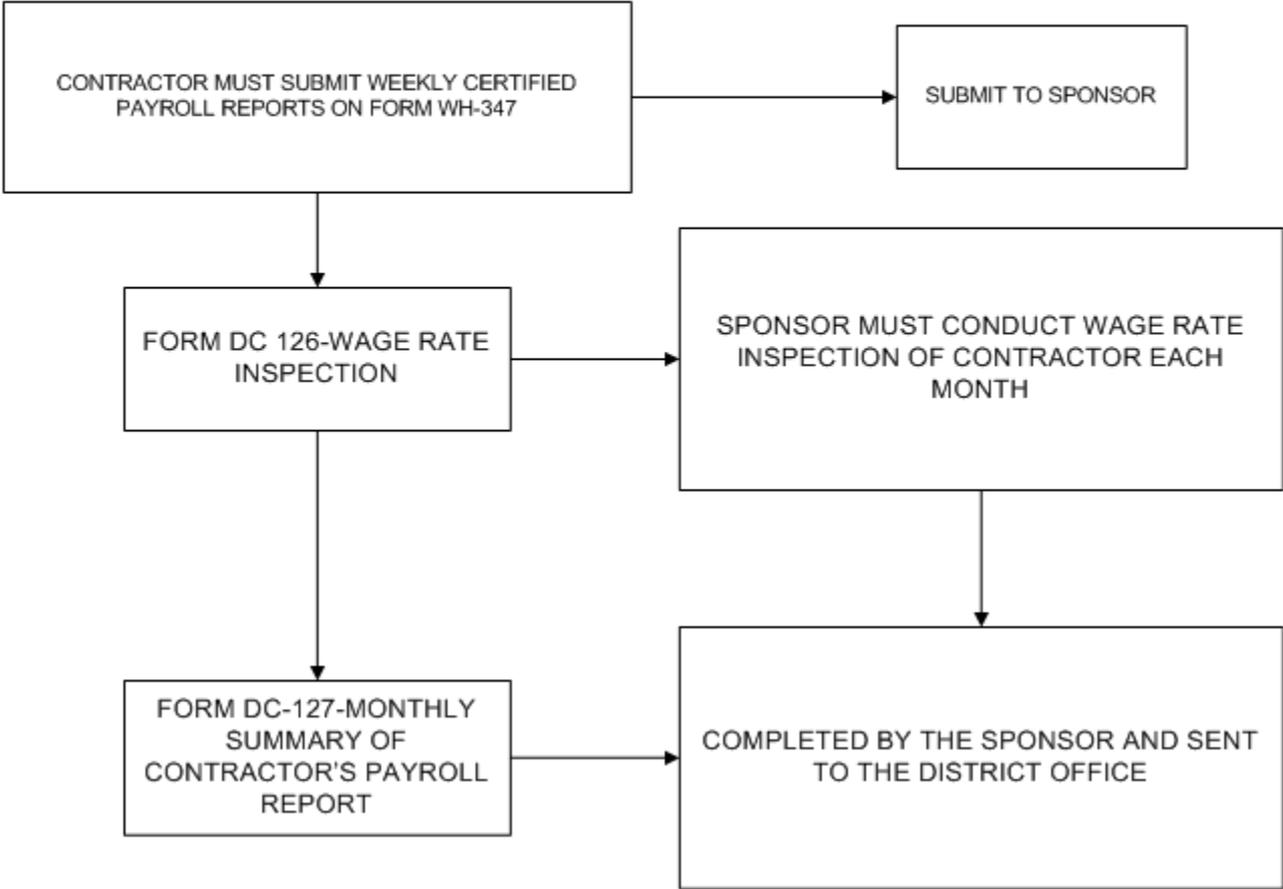
CONTRACTOR'S MONTHLY DBE/ ESBE & EEO PROGRAM SUBMITTALS

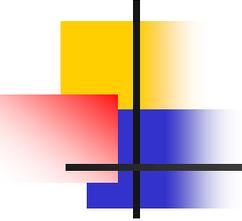


CONTRACTOR'S TRAINING PROGRAM



WAGE RATE REQUIREMENTS





- Questions

- Comments