



01/29/01

Form 830176 (Excel) 2-00

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

**CERTIFIED
TRANSCRIPT OF LABOR PAYROLL**

**FOR USE ON ALL
FEDERAL AID PROJECTS**

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

Line No.	EMPLOYEE (Include Address & Social Security No. First Time Name Appears)	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.

Appendix 2-14.1

01/29/01

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. 276c), 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 furnished to the contracting authority upon request. The submittal shall include description of the benefits amount paid, 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.	

Appendix 2-14.2

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 FHWA-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



CERTIFIED TRANSCRIPT OF LABOR PAYROLL

**FOR USE ON ALL
FEDERAL AID PROJECTS**

Payroll No. _____ 16.00
 For Week Ending #####
 County: _____ Story _____, Iowa
 Contract ID No. _____ 85-0305-071
 Date of _____ Wage
 Letting ##### Decision No. IA00-1.2

Form 830176 (Excel) 2-00
 Contractor Doolittle Construction Company
 Address Exira, Iowa
 Subcontractor _____
 Address _____
 Type of Work Culverts

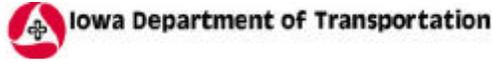
Line No.	EMPLOYEE (Include Address & Social Security No. First Time Name Appears)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	Hours Worked Each Day							Total Hours	Rate Per Hour	Gross Amount Earned on This Project	Gross Amount Earned on All Work This Week	Deductions				Net Amount Earned		
			ST	S	M	T	W	T	F					S	Soc. Sec. Tax	Fed. W/H Tax	State W/H Tax		Other Approved Deductions (Itemized)	
1.	Frank L. Bettor Box 36 Creasy, Iowa	Foreman-Carpenter Zone 5	ST	0	8	8	8	8	8	0	40	\$14.25	\$570.00							
			OT	0	1	1	0	0	0	4	6	\$21.38	\$128.25							
			Fringe Benefits (If any) if Paid in Cash									46	\$3.00							
											Total	\$836.25	\$63.97	\$82.16	\$23.10	Untited Fund \$10.00	\$657.02			
2.	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							
			OT	0	0	1	1	0	0	2	4	\$24.33	\$97.32							
			Fringe Benefits (If any) if Paid in Cash									44	\$3.00							
											Total	\$878.12	\$67.18	\$83.28	\$23.85	\$0.00	\$703.81			
3.	Henry D. Copter	Carpenter - Form Setter Zone 5	ST	0	8	8	8	8	8	0	40	\$14.25	\$570.00							
			OT	0	0	0	0	0	0	0	0	\$21.38								
			Fringe Benefits (If any) if Paid in Cash									40	\$3.00							
											Total	\$690.00	\$52.79	\$64.10	\$14.23	Insurance \$15.00	\$543.89			
4.	Joe L. Brendell	Concrete Finisher Zone 5	ST	0	8	8	8	8	8	0	40	\$18.68	\$747.20							
			OT	0	1	0	0	2	1	5	9	\$28.02	\$252.18							
			Fringe Benefits (If any) if Paid in Cash									49	\$3.10							
											Total	\$1,151.28	\$88.07	\$125.32	\$36.15	U.S. Bonds \$20.00	\$881.74			
5.	Vernon E. Link Box 148 Lindane, Iowa	General Laborer Zone 5 Group A Laborer	ST	0	5	4	4	4	0	0	17	\$12.45	\$211.65							
			OT	0	0	0	0	0	0	0	0	\$18.68								
			Fringe Benefits (If any) if Paid in Cash									17	\$2.70							
											Total	\$257.55	\$19.70	\$24.16	\$8.22	\$0.00	\$205.47			
6.	James O'Leary	Form Setter Zone 5 Group A Laborer	ST	0	0	7	6	4	0	0	17	\$12.45	\$211.65							
			OT	0	0	0	0	0	0	0	0	\$18.68								
			Fringe Benefits (If any) if Paid in Cash									17	\$2.70							
											Total	\$257.55	\$19.70	\$24.16	\$8.22	\$0.00	\$205.47			
7.	" "	Re-rod Setter Zone 5 Group B Laborer	ST	0	0	1	2	4	8	8	23	\$9.45	\$217.35							
			OT	0	0	0	0	1	1	1	3	\$14.18	\$42.53							
			Fringe Benefits (If any) if Paid in Cash									26	\$2.70							
											Total	\$330.08	\$25.25	\$32.18	\$9.23	\$0.00	\$263.42			
8.	Geo L. Mather	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	8	8	\$14.18	\$113.40							
			Fringe Benefits (If any) if Paid in Cash									48	\$2.70							
											Total	\$621.00	\$47.51	\$63.95	\$13.22	Advance \$50.00	\$446.32			
9.	Orrin P. Sluger	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	8	8	\$14.18	\$113.40							
			Fringe Benefits (If any) if Paid in Cash									48	\$2.70							
											Total	\$621.00	\$47.51	\$63.95	\$13.22	\$0.00	\$496.32			

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

EXAMPLE - CONTRACTOR PAYING BENEFITS IN CASH EXCEPT FOR OPERATORS

01/29/01

Appendix 2-14.3



**CERTIFIED
TRANSCRIPT OF LABOR PAYROLL**

**FOR USE ON ALL
FEDERAL AID PROJECTS**

01/29/01

Form 830176 (Excel) 2-00

Contractor Bright Lighting Company
Address 436 8th Street, Brighton, Iowa
Subcontractor _____
Address _____
Type of Work Lighting Salix Interchange

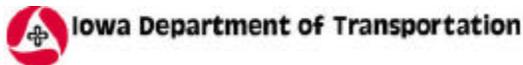
Supplemental to
Payroll No. 4,5 & 6
For Week Ending 8/10, 8/17 & 8/24/00
County: Woodbury, Iowa
Contract ID No. 97-0296-105
Date of Letting 06/25/2000 **Wage Decision No.** IA00-1.1

Line No.	EMPLOYEE (Include Address & Social Security No. First Time Name Appears)	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.	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								IBEW	
				Total									\$67.50	\$67.50	\$5.16	\$6.75	\$2.50	\$2.75	\$50.34	
3.	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.																				
				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 #####
County: Clarke, Iowa
Contract ID No. 20-0345-016
Date of Letting ##### **Wage Decision No.** IA00-1.2

Form 830176 (Excel) 2-00
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 Address & Social Security No. First Time Name Appears)	WORK CLASSIFICATION (See Wage Decision for Title & Minimum Wage)	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	
			ST or OT	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:																		
			Fringe Benefits (If any) if Paid in Cash																
			Total																
2.	Mike Coleman	Fence Erector Zone 5	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00						
		Group B Laborer	OT	0	0	0	0	0	0	5	5	\$14.18	\$80.90						
	SHOULD HAVE BEEN:		Fringe Benefits (If any) if Paid in Cash															Credit Union	
			Total							45	\$2.70	\$121.50	\$580.40	\$44.40	\$58.16	\$12.53	\$50.00	\$415.31	
3.	Mike Coleman	Fence Erector Zone 5	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00						
		Group B Laborer	OT	0	0	0	0	0	0	5	5	\$14.18	\$70.88						
	EXPLANATION:		Fringe Benefits (If any) if Paid in Cash															Credit Union	
			Total							45	\$2.70	\$121.50	\$570.38	\$43.63	\$58.16	\$12.53	\$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.	Jerry N. Freese	General Laborer Zone 5	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00						
		Group B Laborer	OT	0	0	0	0	0	0	5	5	\$14.28	\$71.40						
	SHOULD HAVE BEEN:		Fringe Benefits (If any) if Paid in Cash																
			Total							45	\$2.70	\$121.50	\$570.90	\$43.67	\$58.18	\$12.53	\$0.00	\$456.52	
7.	Jerry N. Freese	General Laborer Zone 5	ST	0	8	8	8	8	8	0	40	\$9.45	\$378.00						
		Group B Laborer	OT	0	0	0	0	0	0	5	5	\$14.18	\$70.88						
	EXPLANATION:		Fringe Benefits (If any) if Paid in Cash																
			Total							45	\$2.70	\$121.50	\$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

Contractor will disregard overpayment

01/29/01

Appendix 2-14.5