



CERTIFIED PAYROLL
 Alaska Department of Labor &
 Workforce Development
 Labor Standards & Safety
 Division
 Wage & Hour Administration

Contractor Name: Contractor Subcontractor

Address:

Phone

Contractor License Number

Week Ending:

Payroll No.

Contracting Agency Project #

Project Name and Location

Date Your Work Started:

Your Est. Completion Date:

Amount of Your Contract:

Dept. of Labor Project #:

1. Name of Employee
 2. Permanent Domicile Address
 (NO P.O. BOX or RURAL ROUTES ACCEPTED)
 3. Mailing Address (if different from #2)

Social Security Numbers MUST be included

Specific Work Class Code* Including certificate numbers for Electricians, Plumbers, Painters, Powdermen, Asbestos Workers. Truck drivers include truck license number.

DAYS OF WORK WEEK

DATE OF THE MONTH

DATE OF THE MONTH

DATE OF THE MONTH

Total Hours	Hourly Rate Paid	Gross Earnings	Total Deductions	Net Amount Paid	Check # Issued
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1.

Classification Code

W
E
E
K
1

Hours ST										
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SSN:

Employee Name

W
E
E
K
1

Hours OT										
----------	--	--	--	--	--	--	--	--	--	--

2.

Cert. of Fitness #

W
E
E
K
1

Hours FB										
----------	--	--	--	--	--	--	--	--	--	--

Truck License # (if applicable)

W
E
E
K
1

DATE OF THE MONTH

Union:

W
E
E
K
2

Hours ST										
----------	--	--	--	--	--	--	--	--	--	--

3.

Apprentice % (if applicable)

W
E
E
K
2

Hours OT										
----------	--	--	--	--	--	--	--	--	--	--

Hours FB										
----------	--	--	--	--	--	--	--	--	--	--

Classification Code

W
E
E
K
1

DATE OF THE MONTH

1.

Employee Name

W
E
E
K
1

Hours ST										
----------	--	--	--	--	--	--	--	--	--	--

SSN:

Classification

W
E
E
K
1

Hours OT										
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2.

Cert. of Fitness #

W
E
E
K
1

Hours FB										
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Truck License # (if applicable)

W
E
E
K
1

DATE OF THE MONTH

Union:

W
E
E
K
2

Hours ST										
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3.

Apprentice % (if applicable)

W
E
E
K
2

Hours OT										
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Hours FB										
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STATEMENT OF COMPLIANCE

CERTIFIED PAYROLL FORM 07-6058

Contractors & Subcontractors Please Note!!!

SSN MUST be listed for each employee on payroll

8 AAC 30.020 CERTIFIED PAYROLL. (a) All Contractors (including owner/operators) who perform work on a public construction contract for the state or political subdivision of the state shall file with the Department a certified payroll (Form 07-6058) before Friday of every second week that covers the preceding two weeks.

(b) The certified payroll shall be submitted to the Department's regional office in which the work is performed.

Region I, North of N63°	Region II, South of N63°	Region IIA, Southeast Alaska, (From Yakutat south)
Labor Standards & Safety Div, DOLWD 675 7th Ave., Station J-1 Fairbanks, AK 99701-4593 (907) 451-2886 Fax: (907) 451-2885	Labor Standards & Safety Div, DOLWD 1251 Muldoon Road, Suite 113 Anchorage, AK 99504 (907) 269-4900 Fax: (907) 269-4915	Labor Standards & Safety, DOLWD P. O. Box 111149 1111 W. 8th Street, Rm 302 Juneau, AK 99811-1149 (907) 465-4842 Fax: (907) 465-3584

In lieu of submitting Form 07-6058, contractors may submit his/her payroll form. **THE FORM MUST CONTAIN SOCIAL SECURITY NUMBERS FOR EACH EMPLOYEE.**

The contractor's payroll record must contain the same information required on this form.

Sec. 35.05.040 requires that all contractors or subcontractors who perform work on a public construction contract for the state or a political subdivision of the state shall, **BEFORE FRIDAY OF EVERY SECOND WEEK**, file with the Department of Labor and Workforce Development (DOLWD), a sworn affidavit for the previous two weeks, setting out in detail the number of workers employed, wages paid each week, job classification of each employee, hours worked each day and week, and other information which the DOLWD requires.

CONTRACTORS WHO DISREGARD THEIR OBLIGATIONS TO THEIR EMPLOYEES, INCLUDING PAYMENT OF THE APPROPRIATE PREVAILING RATES OF PAY, UNCONDITIONAL PAYMENT, AND PAYMENT NOT LESS THAN ONCE A WEEK MAY BE DEBARRED FROM PUBLIC CONSTRUCTION.

Date: _____

I, _____ do hereby state
(Name of Signatory Party) (Title)

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

_____ ; that during the payroll
(Building or Work)

period commencing on _____, and ending on _____
(date)

_____, all persons employed on said project have
(date)

been paid full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said _____

(Contractor / Subcontractor)

from the full weekly wages earned by an person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions, on projects covered by Alaska Statute 36 as defined in regulations issued by the Commissioner of Labor; or on Federal Projects 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 USC 276 (c), and described below:

_____ and;

(2) That _____
(Contractor / Subcontractor)

is in full compliance with the provisions set forth in AS 36.10, which requires employment preference for Alaska residents as outlined in AS 36.95.010; and

(3) 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, mechanics or field surveyors contained herein are not less than the current applicable wage rates established by the DOLWD; that the classification set forth therein for each laborer, mechanic or field surveyor conforms with the work performed; and

(4) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such agency exists in the State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor; or

(5) That I am a bona fide owner/operator and that my contract amount meets or exceeds the prevailing wage for each hour I have worked. My last progress payment was received on _____ For _____

(6) That where fringe benefits are paid to approved plans, funds or programs: (check all applicable items)

(a) In addition to the basic hourly wage rates paid to each laborer, mechanic or field surveyor listed on this payroll, payments of fringe benefits as currently published by DOLWD have been or will be made to a union trust.

(b) In addition to the basic hourly wage rates paid to each laborer, mechanic or field surveyor listed on this payroll, payments of fringe benefits as currently published by DOLWD have been or will be made to the appropriate programs for the benefit of such workers, except as noted in Section 6(d) below. Fringe benefit payments will be made at least monthly to an approved plan. The name of the plan is: _____

(c) Each laborer, mechanic or field surveyor listed on this 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 currently published by DOLWD, except as noted in Section 6(d).

(d) Exceptions:

Exception (Craft)	Explanation
Remarks:	

The willful falsification of any of the above information may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of the United States Code. Also see AS 36.05.060.

Signature (original signature required)

Name & Title (print or type)