

PAYROLL CHECKLIST

CERTIFIED PAYROLLS

1. ☐ Is the subcontractor approved to start work? If the company is listed under the project, they are approved. If not, contact General Contractor or ADOT Field Office.
2. ☐ If the subcontractor starts before the subcontract has been approved, a letter is required from the Prime Contractor explaining (1) why this Subcontractor was working on the project without an approved subcontract and (2) how they will prevent this in the future. Resident Engineer (RE) needs to concur. If the subcontractor of any tier begins work on the contract prior to receiving consent from the Engineer, the Department will withhold \$1,000 from monies due or becoming due to the Contractor as liquidated damages - As required under Standard Specification 108.01
3. ☐ Payrolls are to be submitted through LCPtracker within seven days after the regular payment date of the payroll period. As required under 29 CFR 3.4
4. ☐ The week ending dates and Payroll No. must be in chronological and numerical order. See CPR sample 4a & 4b
5. ☐ Does the employee's ID number appear to be their Social Security Number? If so, please ask the contractor to correct to a different format. Per Revised FHWA 1273
6. ☐ Check the "Hourly Rate of Pay" field, multiplied by the number of hours shown, to ensure the field "Gross Employee Pay This Project" is correct. See CPR sample 6a-c
7. ☐ Check the "Rate in Lieu of Fringes" field, multiplied by the number of hours shown, to ensure the field "Wages Paid in Lieu of Fringes" is correct. See CPR sample
8. ☐ If Other Deductions are listed, ensure a note regarding the amount has been entered or a spreadsheet has been uploaded into eDocuments detailing each employee's deduction. See CPR sample 8a & 8b
9. ☐ If an employee has been misclassified and or underpaid for work performed, the following steps may be taken: See Attachment A.
 - ▶ Request copies of foreman daily logs, employee time sheets and paycheck details
 - ▶ Compare information received with ADOT Inspector daily logs and contractor employee interviewsWhen it is determined that the employer must re-classify and, or pay restitution due to underpayment of prevailing wages the following steps must be taken:
 - ▶ The employer must submit a spreadsheet which includes verification of corrected classifications, hourly wages gross and net wages paid
 - ▶ Revise certified payroll reports upon approval of spreadsheet information
 - ▶ Include wages owed on future certified payroll, include notes and reference to affected payroll report or;
 - ▶ Back wage checks must be written to "Employee Name or Unclaimed Property" and must include employee address
 - ▶ Field office must provide back wage checks to Labor Compliance staff in Field Reports
 - ▶ Employer must upload copies of endorsed checks into LCPtracker and must alert the field office staff when they have done
10. ☐ Before approving the payroll, process all interviews associated with said payroll. See Attachment B.

Does each Contractor/Subcontractor have at least one employee interview performed during the contract work?
11. ☐ Has the last payroll been marked "FINAL" when the Contractor/Subcontractor completed work? See CPR sample
12. ☐ Enter all start and completion dates in FAST / Contract Card /Update / Subcontracts Authorized for each subcontractor. N/A
13. ☐ Close all Admin notices when processing the accepted payroll. N/A

CLASSIFICATIONS See 9. Above

14. ☐ The use of the General Laborer classification is very limited and should be carefully observed. A General Laborer is only to be used for work that consists of using a shovel, pushing a broom, picking up trash, etc.
15. ☐ If the wage decision does NOT contain a work description for the work being performed, a Conformance Request Form (CFR) is required for each description of work not shown. Descriptions of details of work should accompany the classification being requested. This will have to be done on a per project basis. Field Office is to ensure that the CFR is properly filled out and contains correct information.

FRINGE CONTRIBUTIONS

16. ☐ Under Fringes / Contributions (gray boxes), if monies are shown in these boxes, visit LCPtracker under eDocuments and select Fringe Plan Summary to see if the firm has an approved plan on file. If they do not, contact the Labor Compliance Officer for further information. Note: please check to see if the contractor is contributing the appropriate amounts in fringe based upon the approved plan on file. [See CPR sample](#)

ON-THE-JOB TRAINING [See Attachment C & D](#)

17. ☐ An apprentice or trainee may be paid less than the prevailing wage included on the wage decision for work performed IF:
- ▶ The employer has uploaded the training agreement or apprenticeship certificate in LCPtracker and has alerted the field office
 - ▶ The training agreement or apprenticeship certificate is accepted by Field Reports and the level of achievement has been added to LCPtracker (period 1, period 2 and so on)
 - ▶ The ratio of journeyman to trainees/apprentices on the project site adhere to the ratios included on the agreement or certificate
 - ▶ The training agreement of apprenticeship certificate is current and the expiration date has not passed
- NOTE: The training agreements and apprenticeship certificates expire every six months and must be resubmitted even if the employee does not advance to a higher level in the program
18. ☐ Pay for apprentice/trainee hours under bid item number 9230001. The use of subitems is required and each subitem should be created by employee name. In LCPtracker, go to the reports tab and run the Apprentice Reports to ensure all hours have been paid for.

EMPLOYEE INTERVIEWS [See Attachment B](#)

1. ☐ Inspectors should be performing interviews on each worker at least once while working on the project.
2. ☐ Advise inspectors to interview the workers when they are working in their normal classification of work. Do not interview the workers when they are for example: loading the trucks, waiting to pave, eating lunch or performing a task that is less than 15 minutes of work.
3. ☐ The goal of the interview is to ensure the employee is being paid Davis-Bacon wages for the work performed at the time of the interview; not to catch them doing something for a small amount of time.
4. ☐ Do not approve an interview in PEN unless the work performed at the time of the interview will assist the Field Office in determining the correct classification. *Example: Waiting to pave does not determine that he/she is operating the screed or raking the AC.*
5. ☐ If the interview reflects that the employee is owed back wages, attach to the interview, copies of the original pay check, spreadsheet showing how back wages were calculated, back wage check and any other pertinent information that is relevant to the processing of the interview and back wages.
6. ☐ Upload employee interviews into LCPtracker under eDocuments / Interviews – For Administrators Only and submit the original interview to the Labor Compliance Officer in Field Reports
7. ☐ Interviews should NEVER be shared with the contractor, as they are confidential.

CONFORMANCE REQUEST FORM (SF1444) - [See Attachment E](#)

STATEMENT OF COMPLIANCE – [See Attachment F](#)

NON-PERFORMING PAYROLLS – [See Attachment G](#)



WEEKLY CERTIFIED PAYROLL REPORTING FORM

11. FINAL CPR

NAME OF CONTRACTOR :HERITAGE TRUCKING INC Sub To: PULICE-FNF-FLATIRON JOINT VENTURE				CONTRACTOR'S LICENSE No. 4802228100 SPECIALTY LICENSE No.				ADDRESS : 535 E MCKELLIPS #117 , MESA, AZ 85203 PHONE: 480-222-8127 EMAIL: jpruitt@htiaz.com				PROJECT LOCATION/ CODE / NAME : Maricopa / F007201C - 010-C-(220)T - UNIT 4680 / F007201C - PULICE-FNF-FLATIRON JOINT VENTURE - I-17 SPLIT-SR202L SANTAN WAGE DECISION: AZ 20210008, MOD 0											
PAYROLL No. 3 4a.		FOR WEEK ENDING: 12/18/2021 4b. SUBMITTED ON: January 07, 2022		MOTOR CARRIER PERMIT No.		UNION Union		SELF-INSURED CERTIFICATE No. WORKERS' COMP. POLICY :															
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER		WORK CLASSIFICATION, LOCATION AND TYPE		HOURS WORKED EACH DAY						TOTAL HOURS	BASE HOURLY RATE	GROSS AMOUNT EARNED		DEDUCTION . CONTRIBUTION AND PAYMENTS									
PASCALE, ROBERT Emp_Id: H-TRUCKING-PA XXX-XX-2414		TRUCK DRIVER / 6 AXLE DUMP OR FLATRACK <16 CU YD / Type: Highway		12/12/21 12/13/21 12/14/21 12/15/21 12/16/21 12/17/21 12/18/21						TOTAL HOURS THIS PROJECT	BASE HOURLY RATE OF PAY	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.	
		EXEMPT		S M T W TH F S						6a. 8.08	6b. 22.00		1,307.56	101.79	81.07	18.96	33.89	0.00	8a. 52.30	0.00	288.01	dd	
		0 Maricopa WD: AZ20210008 MOD 0		S O D						33.00	33.00	6c. 177.76		Vac/Dues	Trav. Subs.	Health & Welfare	Pension	Vacation Holiday	Training	All Other	Total Fringes Paid to 3rd	Net Paid Week	
											0.00			0.00	0.00	32.32	0.00	8.73	0.00	0.00	41.05	1,019.55	
											Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate + Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date	
											7. 0.00		0.00	27.08	0.00	0.00	4.00	0.00	1.08	0.00	0.00	5.08	

All or Part of Fringes Paid to Employee:
NO

Vacation, Holiday and Dues in Gross Pay: NO
Voluntary Contributions in Gross Pay: NO

7. Fringe benefits paid in cash

16. Fringe Contributions (Gray Boxes) - Benefits paid to approved plans, funds or programs.

OTHER DEDUCTION NOTES: 401K 8b.

TOTAL STANDARD HOURS :	8.08	TOTAL 1.5 OT HOURS:	0.00	TOTAL 2.0 OT HOURS:	0.00	GRAND TOTAL HOURS:	8.08
------------------------	------	---------------------	------	---------------------	------	--------------------	------

Statement of Compliance

Date Friday, January 7, 2022

I, Jodi Pruitt, Staff Acct do hereby state:

(1) That I pay or supervise the payment of the persons employed by HERITAGE TRUCKING INC on the F007201C - PULICE-FNF-FLATIRON JOINT VENTURE - I-17 SPLIT-SR202L SANTAN; that during the payroll period commencing on 12/12/2021 and ending on 12/18/2021 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 HERITAGE TRUCKING INC 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 C.F.R. 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. § 3145), and described below:

All comments are in the notes on the submitted Certified Payroll Report.

(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 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

[X] - 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.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

[X] - 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.

(c) EXCEPTIONS:

EXCEPTION (CRAFT)	EXPLANATION

REMARKS: *FINAL*

NAME: Jodi Pruitt

TITLE: Staff Acct

Electronic Signature Code: 4802228100-F007201C - 010-C-(220)T - UNIT 4680-12/18/2021-0-132860436016049200

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.

Other Deductions Notes

<u>Employee Name</u>	<u>Craft</u>	<u>Classification</u>	<u>Other Deduction Notes</u>
PASCALE, ROBERT	TRUCK DRIVER	6 AXLE DUMP OR FLATRACK <16 CU YD	401K



Oops!

THE MOST FREQUENT ERROR

The most frequent error contractors make is the misclassification of workers

- Review wage classifications and rates before starting work on the job
- Clarify conflicting or unclear classification issues before starting work
- Request conformances as soon as possible

Attachment B

INTERVIEW EXAMPLE

Arizona Department of Transportation Employee Interview Form

Date : 6/12/2022 TRACS : F043101C Inspector:
Project: SR87-SR79B ORG: 4593
Name: Employer:
Interview Time: 03:15

Does your paycheck come from that employer?	Yes
What is your working classification?	Truck Driver
Do you work in more than one classification?	Yes
Are you paid a different hourly rate for each classification?	No
Are you an apprentice or trainee?	No
What is your hourly wage on this project?	\$27.50
What is your regular hourly wage?	\$27.50
Does your employer offer benefits?	Yes
Vacation/Holiday:No Insurance Benefits:Yes Pension:No	
Does your employer pay for some or all your benefits?	Yes
Do you work for more than 40 hours a week?	Yes
Are you paid time and one-half for all overtime hours worked?	Yes
Are you paid at least once a week?	Yes
Do you know where the wage rates for this job are posted?	No
Do you believe your employer is paying you the correct wage rate for the work you are performing?	Yes
Would you like to make any comment or do you have any concerns?	NO
Work being performed by employee:	Truck driver
Type of tools or equipment used by Employee:	belly dump truck

APPRENTICES AND TRAINEES



The ratio of apprentices to journeymen on the job site cannot exceed the ratio that is stated in the approved program.



An approved apprenticeship certificate must be provided to ADOT for all apprentices working on all covered projects.

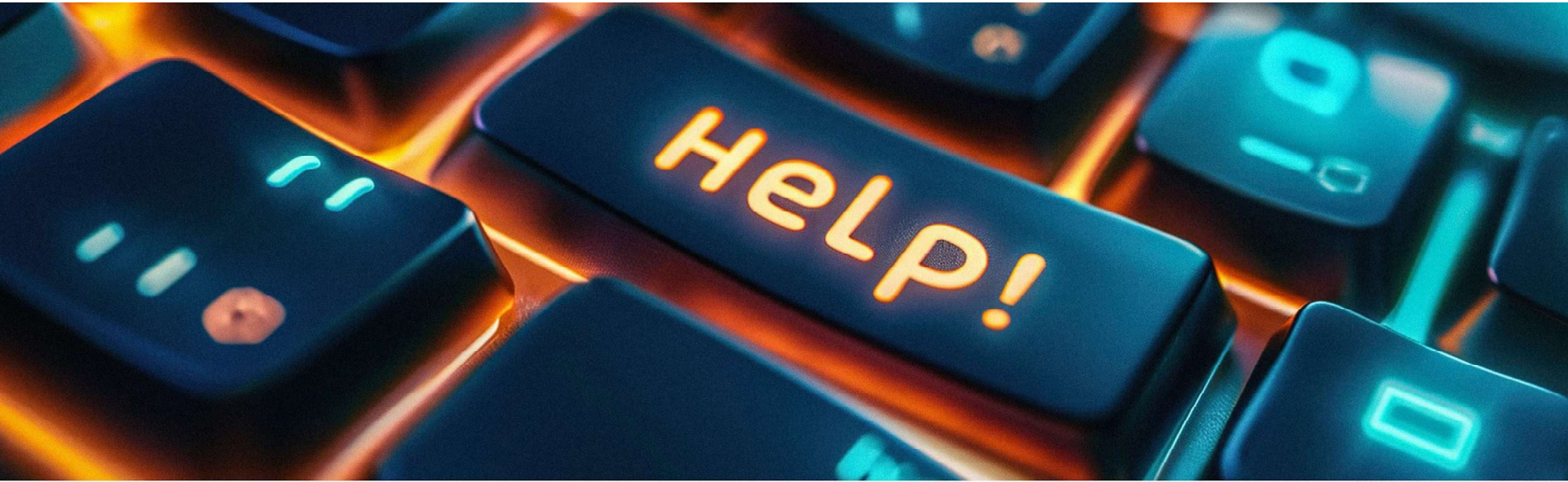


If a certificate expires, the worker is paid the journeyman rate until a current apprentice certificate is obtained.

APPRENTICES AND TRAINEES PAY

Apprentices shall be paid fringe benefits in accordance with the provisions of the program.





CONFORMANCE REQUESTS

If a classification considered necessary by the contractor is not listed on the wage determination, the contractor must initiate a request for approval of an additional classification – a conformance request



CONTRACTOR'S ROLE



Propose a Rate:

Pay the worker the proposed rate
from the first day they perform
work in the requested classification.

CONSIDER THESE BEFORE REQUESTING AN ADDITIONAL CLASSIFICATION

1

The work to be performed by the classification requested is not performed by a classification already in the wage determination.

2

The classification is utilized in the area by the construction industry.

3

The proposed wage rate bears a reasonable relationship to the wage rates contained in the wage determination.

4

The proposed classification cannot be a trainee, apprentice, or welder.



CONFORMANCE REQUEST TIMELINE



1. Contracting Officer (ADOT) or agency recipient must submit the request to DOL National Office in Washington DC;
2. DOL to respond within 30 days; response is made to the Contracting Officer.
3. Contracting Officer sends a copy of the DOL response to the contractor.

LOCATING THE CONFORMANCE REQUEST FORMS ON AZDOT.GOV

ADOT

HOME

PROJECTS

Construction and Materials

Field Reports

Labor Compliance

Forms

Certified Payroll Reporting

ePayroll and Contract Compliance Training

Contractor Cycle Dates

Team Reference

Diesel Fuel Costs

Contact Us

Forms

- [Asphalt Binder Penalty Worksheets](#)
- [Authorized Signature Form](#)
- [Budget Increase](#)
- Chip Seal Projects
 - [Cover Material Form](#) (Paying by Cubic Yard)
 - [Aggregates – Cover Material – Chip and Micro Seals](#) (Paying by Ton)
- [Conformance Request \(SF1444\) Form](#) to be used by **Prime Contractor**
- [Conformance Request \(SF1444\) Form](#) to be used by **Subcontractors**



COMPLETING THE FORM

PowerForm Signer Information

Fill in the name and email for each signing role listed below.
Signers will receive an email inviting them to sign this document.
Please enter your name and email to begin the signing process.

Sub - Contractor

Your Name: *

Your Email: *

Please provide information for any other signers needed for this document.

Prime Contractor

Name:

Email:

CONFORMANCE REQUEST PROCESS

3. CONTRACTOR <input type="text"/>			4. DATE OF REQUEST <input type="text"/>	
5. CONTRACT NUMBER ADOT Tracs Number <input type="text"/>	6. DATE BID OPENED (SEALED BIDDING) <input type="text"/>	7. DATE OF AWARD <input type="text"/>	8. DATE CONTRACT WORK STARTED <input type="text"/>	9. DATE OPTION EXERCISED (IF APPLICABLE) (SCA ONLY) <input type="text"/>
10. SUBCONTRACTOR (IF ANY) <input type="text"/>				
11. PROJECT AND DESCRIPTION OF WORK (ATTACH ADDITIONAL SHEET IF NEEDED) <input type="text"/>				
12. LOCATION (CITY, COUNTY AND STATE) <input type="text"/> -- select -- <input type="text"/> AZ				
13. IN ORDER TO COMPLETE THE WORK PROVIDED FOR UNDER THE ABOVE CONTRACT, IT IS NECESSARY TO ESTABLISH THE FOLLOWING RATE(S) FOR THE INDICATED CLASSIFICATION(S) NOT INCLUDED IN THE DEPARTMENT OF LABOR DETERMINATION				
NUMBER: -- select -- <input type="text"/> -- select -- <input type="text"/>		DATED: <input type="text"/>		
a. LIST IN ORDER: PROPOSED CLASSIFICATION TITLE(S); JOB DESCRIPTION(S); DUTIES; AND RATIONALE FOR PROPOSED CLASSIFICATIONS (SCA ONLY) (Use reverse or attach additional sheets, if necessary)	b. WAGE RATE(S)		c. FRINGE BENEFITS PAYMENTS	
Classification/Description/Duties: <input type="text"/>	<input type="text"/>		<input type="text"/>	
Classification/Description/Duties: <input type="text"/>	<input type="text"/>		<input type="text"/>	

CONFORMANCE REQUEST FORM

1

When you click to sign, please make sure your signature appears and not the name of your company.

2

If your company name does generate in this field, you can change it by clicking "Change."

3

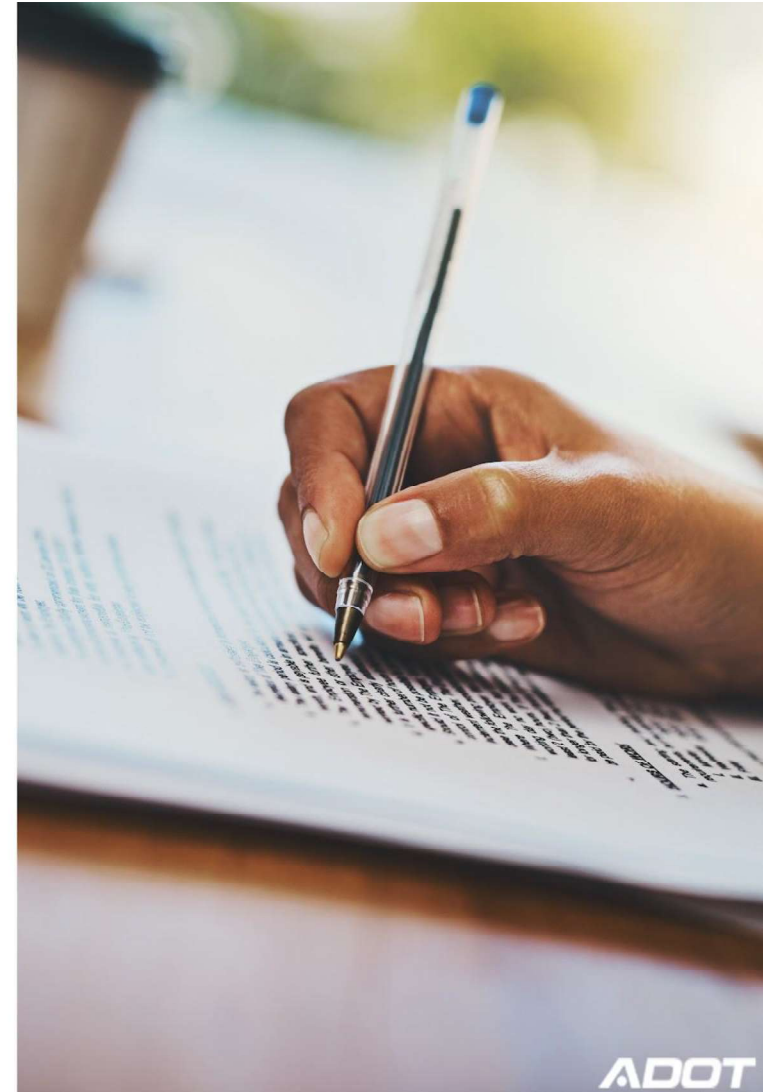
Follow the steps to add new signature then adopt and sign.

4

Request will be sent to Prime to review, and sign and then it will be sent to Field Reports to approve.

5

Receive a completed notification once it has been processed. DOL response to your request is approximately 30 Days from the date received.



ADOT

CONFORMANCE REQUEST FORM

14. SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE
(IF ANY) 6/24/2019

Sign

Title

16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE

USE SAVED ADOPT NEW

ADOPT AND SIGN CANCEL

Any questions or assistance you need in filling out the conformance request form please feel free to contact Rllanez@azdot.gov

STATEMENT OF COMPLIANCE



Where Fringe Benefits Are Paid to Approved Plans, Funds or Programs

Mark this box if fringe benefits have been or will be paid to approved plans, funds, or programs for the benefit of such employees



Where Fringe Benefits are Paid in Cash

Mark this box if each employee has been paid, as indicated on the payroll the amount of required fringe in cash



Exceptions

Any exception to the above.
Example: Any contractor making payment to approved plans, funds, or programs in amounts less than the wage determination required fringe is obliged to pay the deficiency directly to the employees as cash in lieu of fringes.





NON-PERFORMING PAYROLLS

It is required that the payrolls are sequential.

1

The first week a contractor performs work on the project is Week 1 - Payroll 1.

2

Submit a non-performing payroll on weeks when no work is performed.

3

NON-PERFORMING PAYROLL EXAMPLE

Certified Payroll Report for Non Performing Week

For week ending on: December 31

Payroll Number: 2

Date 1/17/20 12:00:00AM

Project:

BRIDGE STR #

Contractor:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

CERTIFICATION FOR NON PERFORMING WEEK

I, [REDACTED] Office Manager do hereby state:

(1) That I pay or supervise the payment of the persons employed by [REDACTED] on the [REDACTED] #; that during the payroll period commencing on 12/25/20 and ending on 12/31/20 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 [REDACTED] 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 C.F.R. 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. 167; 3145), and described below:

All comments are in the notes on the submitted Certified Payroll Report.

(2) That any payroll: 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 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

X - 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.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X - 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.



SITE OF WORK

1

Davis-Bacon and Related Acts (DBRA) applies to workers on the site of the work

2

Limited to the physical place or places where the construction remains after work has been completed

3

Any other site where a significant portion of the building or work is constructed, provided such site is established specifically for the contract.

4

Includes fabrication plants, mobile factories, batch plants, borrow pits, tool yards, headquarters, etc. Located adjacent to the site of the work and are dedicated to the performance of the project.