

## STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION WAGE AND HOUR RECORD

DATE \_\_\_\_\_

I, \_\_\_\_\_  
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

\_\_\_\_\_ on the \_\_\_\_\_ ;  
(Contractor or Subcontractor) (Building or work)

that during the payroll period commencing on the \_\_\_\_\_ day of \_\_\_\_\_  
and ending the \_\_\_\_\_ day of \_\_\_\_\_ 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

\_\_\_\_\_ from the full weekly  
(Contractor or Subcontractor)  
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. 3145), and described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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

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

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 |
|-------------------|-------------|
|                   |             |
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### REMARKS:

| NAME AND TITLE   | SIGNATURE |
|--|-----------|
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE<br>STATEMENTS MAY SUBJECT THE CONTRACTOR OR<br>SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE<br>SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF<br>THE UNITED STATES CODE. |           |

Contractor's Name

Address

Construction

Payroll Number:  For Week Ending

Contract #   
FIN #

Project and Location

01/10

| (1)<br>Employee Name<br>and 4 Digit Identifier<br>(9 digit SS and full address<br>required on contracts Let prior to<br>1/19/09) | (2)<br>Exemptions /<br>Race & Gender | (3)<br>Work<br>Classification | Sight/Over Time | (4) Day and Date |  |  |  |  |  |      | (5)<br>Total Hours | (6)<br>Pay Rate | (7)<br>Project Gross /<br>Weekly Gross | (8) Deductions |                    |  |  |  | (9)<br>Net Wages Paid for<br>week |                  |  |   |  |
|--|--------------------------------------|-------------------------------|-----------------|------------------|--|--|--|--|--|------|--------------------|-----------------|--|----------------|--------------------|--|--|--|-----------------------------------|------------------|--|---|--|
|  |                                      |                               |                 |                  |  |  |  |  |  |      |                    |                 |  | FICA           | Withholding<br>tax |  |  | Total from attached<br>deduction sheet |                                   | Total Deductions |  |   |  |
|  |                                      |                               |                 |                  |  |  |  |  |  |      |                    |                 |  |                |                    |  |  |  |                                   |                  |  |   |  |
|  |                                      |                               | O               |                  |  |  |  |  |  | 0.00 | 0.00               | 0.00            |  |                |                    |  |  |  |                                   |                  |  |   |  |
|  |                                      |                               | S               |                  |  |  |  |  |  | 0.00 |                    |                 |  |                |                    |  |  |  | \$0.00                            | \$               |  | - |  |
|  |                                      |                               | O               |                  |  |  |  |  |  | 0.00 | 0.00               | 0.00            |  |                |                    |  |  |  |                                   |                  |  |   |  |
|  |                                      |                               | S               |                  |  |  |  |  |  | 0.00 |                    |                 |  |                |                    |  |  |  | \$0.00                            | \$               |  | - |  |
|  |                                      |                               | O               |                  |  |  |  |  |  | 0.00 | 0.00               | 0.00            |  |                |                    |  |  |  |                                   |                  |  |   |  |
|  |                                      |                               | S               |                  |  |  |  |  |  | 0.00 |                    |                 |  |                |                    |  |  |  | \$0.00                            | \$               |  | - |  |
|  |                                      |                               | O               |                  |  |  |  |  |  | 0.00 | 0.00               | 0.00            |  |                |                    |  |  |  |                                   |                  |  |   |  |
|  |                                      |                               | S               |                  |  |  |  |  |  | 0.00 |                    |                 |  |                |                    |  |  |  | \$0.00                            | \$               |  | - |  |
|  |                                      |                               | O               |                  |  |  |  |  |  | 0.00 | 0.00               | 0.00            |  |                |                    |  |  |  |                                   |                  |  |   |  |
|  |                                      |                               | S               |                  |  |  |  |  |  | 0.00 |                    |                 |  |                |                    |  |  |  | \$0.00                            | \$               |  | - |  |
|  |                                      |                               | O               |                  |  |  |  |  |  | 0.00 | 0.00               | 0.00            |  |                |                    |  |  |  |                                   |                  |  |   |  |
|  |                                      |                               | S               |                  |  |  |  |  |  | 0.00 |                    |                 |  |                |                    |  |  |  | \$0.00                            | \$               |  | - |  |
|  |                                      |                               | O               |                  |  |  |  |  |  | 0.00 | 0.00               | 0.00            |  |                |                    |  |  |  |                                   |                  |  |   |  |
|  |                                      |                               | S               |                  |  |  |  |  |  | 0.00 |                    |                 |  |                |                    |  |  |  | \$0.00                            | \$               |  | - |  |
|  |                                      |                               | O               |                  |  |  |  |  |  | 0.00 | 0.00               | 0.00            |  |                |                    |  |  |  |                                   |                  |  |   |  |
|  |                                      |                               | S               |                  |  |  |  |  |  | 0.00 |                    |                 |  |                |                    |  |  |  | \$0.00                            | \$               |  | - |  |
|  |                                      |                               | O               |                  |  |  |  |  |  | 0.00 | 0.00               | 0.00            |  |                |                    |  |  |  |                                   |                  |  |   |  |
|  |                                      |                               | S               |                  |  |  |  |  |  | 0.00 |                    |                 |  |                |                    |  |  |  | \$0.00                            | \$               |  | - |  |

