NORTHERN ESSEX COMMUNITY COLLEGE
WEEKLY CERTIFIED PAYROLL REPORT & WORKFORCE PARTICIPATION FORM

CERTIFIED PAYROLL REPORT: Pursuant to MGL c. 149, s. 27B, every contractor and subcontractor is required to submit a true and accurate copy of their certified weekly payroll records to the awarding authority by first-class mail or e-mail. In addition, each weekly payroll must be accompanied by a statement of compliance signed by the employer. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

WORKFORCE PARTICIPATION: The Commonwealth of MA has set the following goals for workforce participation for minorities and women. The participation goals for this project shall be 15.3% for minorities and 6.9% for women. The Contractor shall strive to achieve on this project the labor workforce participation goals contained herein. Participation goals shall apply in each job category on this project. The Contractor shall enter the number of hours worked in each trade by each employee, identified as woman, minority, or non-minority below.

Company Name:  
Address:  
Phone No.:  
Payroll No.:  

Employer’s Signature:  
Title:  
Contract No.:  
Tax Payer ID #:  
Work Week Ending:  

Awarding Authority Name:  
Public Works Project Name:  
Public Works Project Location:  
Min. Wage Rate Sheet Number:  

General / Prime Contractor’s Name:  
Subcontractor’s Name:  
Employer Hourly Fringe Benefit Contributions

| Employee Name & Complete Address | Work Classification | Project Hours Non-Minority | Project Hours Minority | Project Hours Women | Employee is OSHA 10 certified (?) | Appr. Rate (%) | Hours Worked | Project Hours (A) | Hourly Base Wage (B) | Hours Worked | Health & Welfare Insurance (C) | ERISA Pension Plan (D) | Supp. Unemp. (E/I) | Total Hourly Prev. Wage (F) | Project Gross Wages |
|----------------------------------|--------------------|---------------------------|-----------------------|---------------------|----------------------------------|----------------|-------------|-----------------|---------------------|-------------|-----------------|----------------|----------------|-----------------------|-------------------|---|
|                                  |                    |                           |                       |                     |                                  |                | Su.          | Mo.            | Tu.                 | We.         | Fr.             | Sa.             | All Other Hours | Hours Worked |                       |                     |                |                       |                     |   |
|                                  |                    |                           |                       |                     |                                  |                |             |                |                    |             |                 |                 |                       |                       |   |
|                                  |                    |                           |                       |                     |                                  |                |             |                |                    |             |                 |                 |                       |                       |   |
|                                  |                    |                           |                       |                     |                                  |                |             |                |                    |             |                 |                 |                       |                       |   |
|                                  |                    |                           |                       |                     |                                  |                |             |                |                    |             |                 |                 |                       |                       |   |
|                                  |                    |                           |                       |                     |                                  |                |             |                |                    |             |                 |                 |                       |                       |   |
|                                  |                    |                           |                       |                     |                                  |                |             |                |                    |             |                 |                 |                       |                       |   |

Employer Hourly Fringe Benefit Contributions

<table>
<thead>
<tr>
<th>(B+C+D+E)</th>
<th>(A x F)</th>
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Check No. (H)  

Apprenticeship Documentation: Please answer the questions below.

1. Are any apprentice employees identified above?  
   Yes [ ] No [x]  

2. If yes, are all apprentice employees identified above currently registered with the MA DLS Division of Apprentice Standards?  
   Yes [ ] No [x]  

3. If yes, is a copy of the apprentice ID card issued by the MA DLS Division of Apprentice Standards included for all apprentice employees identified above?  
   Yes [ ] No [x]  

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