

BUREAU OF LABOR AND INDUSTRIES

WAGE AND HOUR DIVISION

PAYROLL/CERTIFIED STATEMENT FORM WH 38

FOR USE IN COMPLYING WITH ORS 279.354

PRIME CONTRACTOR
 SUBCONTRACTOR

FIRST 90 DAY LAST

Business Name (DBA):	CCB Registration Number:	Project Name: _____	Project Number: _____
		John Hyland Const.	
Phone: ()	Type of Work: Construction		
Street Address:	Project Location:		
Mailing Address:	Project County:		
Date Pay Period Began:	Date Pay Period Ends:		

THIS SECTION FOR PRIME CONTRACTORS ONLY

Public Contracting Agency Name:
 Phone:
 Date Contract Specifications First Advertised for Bid:
 Contract Amount:

THIS SECTION FOR SUBCONTRACTORS ONLY

Subcontract Amount:
 Prime Contractor Business Name (DBA)
 Phone: CCB Registration Number:
 Date You Began Work On The Project:

(1)	(2)	(3) DAY AND DATE							(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
		M	T	W	TH	F	SAT	SUN									
NAME AND ADDRESS OF EMPLOYEE	TRADE, CLASSIFICATION (INCLUDE GROUP # IF APPLICABLE)	HOURS WORKED EACH DAY							TOTAL HOURS	BASIC HOURLY RATE OF PAY	HOURLY FRINGE BENEFIT PAID AS WAGE TO EMPLOYEE	GROSS AMOUNT EARNED	TOTAL DEDUCTION FICA, FED, STATE, ETC	NET WAGE PAID FOR WEEK	HOURLY FRINGE BENEFIT PAID TO PARTY, PLAN, FUND OR PROG.	NAME OF BENEFIT PARTY, PLAN, FUND PROGRAM	
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(1) NAME AND ADDRESS OF EMPLOYEE	(2) TRADE, CLASSIFICATION (INCLUDE GROUP) # IF APPLICABLE	(3) DAY AND DATE								(4) TOTAL HOURS	(5) BASIC HOURLY RATE OF PAY	(6) HOURLY FRINGE BENEFIT PAID AS WAGE TO EMPLOYEE	(7) GROSS AMOUNT EARNED	(8) TOTAL DEDUCTION FICA, FED, STATE, ETC	(9) NET WAGE PAID FOR WEEK	(10) HOURLY FRINGE BENEFIT PAID TO PARTY, PLAN, FUND OR PROG.	(11) NAME OF BENEFIT PARTY, PLAN, FUND PROGRAM
		M	T	W	TH	F	SAT	SUN	HOURS WORKED EACH DAY								
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CERTIFIED STATEMENT

I, _____ DO HEREBY STATE
(NAME OF SIGNATORY PARTY) (TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSON EMPLOYED BY: _____ ON THE _____
(CONTRACTOR, SUBCONTRACTOR OR SURETY) (Building or Work)

THAT DURING THE PAYROLL PERIOD COMMENCING ON THE _____ DAY OF _____, 20____, AND ENDING THE _____ DAY OF _____, 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 _____ FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON, AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER
(Contractor, Subcontractor or Surety)
 DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS SPECIFIED IN ORS 652.610, AND DESCRIBED AS FOLLOWS:

- (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 WORKERS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED IN THE CONTRACT; THAT THE CLASSIFICATION SET FORTH THEREIN FOR EACH WORKER CONFORMS WITH 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.

I HAVE READ THIS CERTIFIED STATEMENT, KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE.

(NAME AND TITLE)

(SIGNATURE)

NOTE TO CONTRACTORS: YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT.
 SEE THE BOLI PUBLICATION PREVAILING WAGE RATES FOR PUBLIC WORKS CONTRACTS IN OREGON FOR INSTRUCTIONS ON COMPLETING THIS FORM.
 FILE THIS FORM WITH THE CONTRACTING AGENCY
 FORM WH-38 (REV. 6/96)