

Prevailing Wage Package for Public Project Contractors

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The following forms are attached. Each form needs to be submitted only once unless otherwise indicated or a correction is required. Items 1-5 are required **before** starting work. The first certified payroll report (item 6) is due within **two weeks** of the first payroll date.

1. **Fringe Benefits Disclosure Form** – All Contractors and Sub-Contractors are to submit one completed form for every prevailing wage project.
2. **Contractor / Sub-Contractor Form** – Submit at the beginning of project and submit updated form when adding or deleting a sub-contractor to the project. This form will be used when processing your pay request so please make sure it is submitted ASAP and make sure to include e-mail address for all contractors and Federal ID numbers.
3. **Payroll Dates Form**. Submit one form for every prevailing wage project. **Note:** The day of the week when the pay periods start, end, and the day workers are paid must be described clearly. Do not enter ambiguous terms such as “every other week.”
4. **Prevailing Wage Notification to Employee. Non- Union Contractors Only** submit one form for every employee working on the jobsite. Before employees start work on the project, you must supply each employee with written notification of their job classification (as designed in the prevailing wage rate schedules issued by the Wage and Hour Division of the Ohio Department of Commerce), their prevailing wage rate (from the applicable rate schedule), fringe benefit amounts (if any), and the **name of the public authority's** Prevailing Wage Coordinator Helen S. George.

- 5. Apprenticeship Agreement.** If you intend to pay any employee the apprentice rate, you must submit a copy of the apprenticeship agreement for each such employee. Ohio Administrative Code §4101:9-4-02(A) defines “apprentice” as: Any employee who is enrolled or indentured per trade occupation as a member of a bona fide apprenticeship program, or a person in the first ninety days of probationary employment as an apprentice in such an apprenticeship program who has been certified by the Ohio apprenticeship council or registered with the Ohio apprenticeship council through those states with which Ohio holds reciprocal apprenticeship agreements to be eligible for probationary employment as an apprentice. Contact the Ohio State Apprenticeship Council, P.O. Box 1618, Columbus Ohio 43216, 614.644.0370, for information on registered apprenticeship programs.
- 6. Certified Payroll Report.** Submit one form for every payroll period. Fill out completely, check the math, and do not skip pay periods. If no work was performed in a particular week, fill out the top and bottom, and in the center simply write “no work.” **No blank lines.** Sub-Contractor submit their payroll reports to the prime contractor who in turns submits them to the Prevailing Wage Coordinator for the City.
- 7. Affidavit of Compliance.** Submit one form when job is finished. Project dates must cover the project dates indicated on the initial payroll dates form and comply with payroll reports submitted to the Prevailing Wage Coordinator for the City of Dublin.
- 8. Lien Release.** Submit one form each from prime, subs, and suppliers when job is finished in order to receive final payment.

GENERAL INSTRUCTIONS

Within two weeks of your first payroll date, you must submit your first Certified Payroll Report. Subsequent reports must be submitted monthly unless your job will last less than four months, in which case subsequent reports must be submitted weekly. Reports must be submitted whether work was performed or not.

Prime Contractors are to **submit payroll report** for **all** contractors working the project. Payroll reports are to be submitted directly to the public authority's Prevailing Wage Coordinator Helen S. George. On weeks when there is no work a no work payroll report or a written statement of no work is required. Cover letters are not necessary.

Copies of the current Prevailing Wage Rate Schedules are available from the Prevailing Wage Coordinator on request or online at <http://198.234.41.198/w3/webwh.nsf/wrlogin/?openform>.

The Prevailing Wage Coordinator is required by R.C. §4115.05 to notify affected contractors of any updates or changes to the wage rates. These updates will be emailed to the Prime Contractor. It is the Prime Contractor responsibility to forward wage rate updates to their sub-contractors on the project. Read the enclosed materials carefully as they set out your responsibilities as a contractor on a prevailing wage job. If you have questions or need help, please ask!

On completion of the project and prior to the final payment, you must submit a Final Affidavit of Compliance. **You will not receive final payment unless and until all of your reports are correct and complete, and your final affidavits and lien waivers, and those of your subcontractors and suppliers have been submitted.**

Submit the Payroll Date Form, Fringe Benefit Form, Notice to Employee Forms (non-union contractors only), and Contractor / Sub-Contractor Form ASAP when starting a project.

UNDERSTANDING PREVAILING WAGE

Difference Between PWR and BHR. The prevailing wage schedules published by the Ohio Department of Commerce describe the full prevailing wage rate (PWR) by identifying its two primary components—the base hourly rate (BHR) and the fringe benefits. The fringe benefits component consists of that portion of the full PWR which may be allocated to approved benefit plans. The BHR component is the hourly rate payable to the employee if (and only if) the full fringes component is paid to approved plans.

What to Pay. The employer's certified payroll report must account for the full PWR payable for each employee. If the employer doesn't have benefit plans, the certified payroll report must show a calculated BHR which is equal to the full, published PWR. If the employer does have approved benefit plans, the calculated BHR on the report may be more than the published PWR, but it may never be less than the published BHR.

How to Complete the Fringe Benefits Disclosure Form “Cash” and “Approved Plans” Checkboxes

Check “Cash” if there are no benefit paid to employees, contractor who provide no fringe benefits are required to pay the total PWR.

Check “Approved Plans” if the employees receive fringe benefits through approved plans which equal the full published fringes amount, In this case contractors pay the BHR rate.

Check “Cash and Approved Plans” if the employees receive some fringe benefits through approved plans but the amount is less than the full published fringes amount, the contractors will calculate the employee’s pay rate by subtracting the fringe benefits paid from the total PWR and pay the difference. This is typically the case with non-union shops.

FRINGE BENEFITS

Please complete this form and return to the address below. Mark either "Benefits are all paid in cash" box or the "Benefits paid to programs" box and complete other information.

☐ FRINGE BENEFITS ARE ALL PAID IN CASH TO THE EMPLOYEE

☐ FRINGE BENEFITS ARE PAID TO BENEFITS PROGRAMS

Health & Welfare Plan: _____
Address: _____

Pension Plan: _____
Address: _____

Apprentice Program: _____

Your Company is _____ Union _____ Non-union

Forward a blank form to each sub-contractor on the project for completion.
Return all forms to:

**City of Dublin
Attention: Helen George
Department of Public Works
6555 Shier Rings Road
Dublin, Ohio 43016**

Contractor:

Name: _____
Company Address: _____
Project Name: _____

Contractor/Sub Contractor List

City of Dublin Project Information		For City of Dublin use only
Project Name		Date
Project Number - Division #	Finance #	Pay Request #
City of Dublin Project Inspector		Payroll Reports Current
Inspector Phone - Office #	Mobile #	COD Taxes Current
Forms returned without e-mails addresses and FIN# will be consider incomplete and returned.		
General Contractor	Phone	FIN#
Contact Name	Fax	Approx. Start Date
E-Mail	Cellular	Date Final Affidavit
Sub-Contractor	Phone	FIN#
Contact Name	Fax	Approx. Start Date
E-Mail	Cellular	Date Final Affidavit
Sub-Contractor	Phone	FIN#
Contact Name	Fax	Approx. Start Date
E-Mail	Cellular	Date Final Affidavit
Sub-Contractor	Phone	FIN#
Contact Name	Fax	Approx. Start Date
E-Mail	Cellular	Date Final Affidavit
Sub-Contractor	Phone	FIN#
Contact Name	Fax	Approx. Start Date
E-Mail	Cellular	Date Final Affidavit
Sub-Contractor	Phone	FIN#
Contact Name	Fax	Approx. Start Date
E-Mail	Cellular	Date Final Affidavit
Sub-Contractor	Phone	FIN#
Contact Name	Fax	Approx. Start Date
E-Mail	Cellular	Date Final Affidavit
Name	Phone	FIN#
Contact Name	Fax	Approx. Start Date
E-Mail	Cellular	Date Final Affidavit
Name	Phone	FIN#
Contact Name	Fax	Approx. Start Date
E-Mail	Cellular	Date Final Affidavit

Notes:

Page ____ of ____

PAYROLL DATES
PREVAILING WAGE LAW

Instructions to the Contractor/Subcontractor: Please read the following and provide the required information noted on this form. This document must be submitted to the Prevailing Wage Coordinator for the public improvement.

_____ will begin performance under contract on the
Contracting Company Name

Name of Project and Location of Project

Project on _____ and will conclude work on said project on _____
Start Date End date (if known)

In accordance with section 4115.071(C) of the Ohio Revised Code; listing of payroll dates, I hereby submit the following schedule of dates that my company is required to pay wages to its workers while on this project (NOTE: if the life of the project is expected to be over (3) three months in length, provide only the days of the week your pay period starts and ends, plus the day you pay your workers)

Day Pay Period Starts: _____

Day Pay Period Ends: _____

Day that Workers are Paid: _____

I acknowledge that I am required by section 4115.071(C) of the Ohio Revised Code that I must submit a copy of my company's certified payroll records for this project to the Prevailing Wage Coordinator of the public authority within two weeks of the initial pay date listed above. I further acknowledge that I am responsible to collect and submit my subcontractors prevailing wage documents, including their certified payroll records in accordance with the law.

Company Name

Contractor's signature

Address

Printed Name

City, State, Zip

Title Date

PREVAILING WAGE NOTIFICATION to EMPLOYEE

4115.05. the contractor or subcontractor shall furnish each employee **NOT covered by a collective bargaining agreement** written notification of the job classification to which the employee is assigned, the prevailing wage determined to be applicable to that classification, separated into the hourly rate of pay and the fringe payments, and the identity of the prevailing wage coordinator appointed by the public authority. The contractor or subcontractor shall furnish the same notification to each affected employee every time the job classification of the employee is changed

Project Name:

Job Number:

Contractor:

Project Location:

Prevailing Wage Coordinator	Employee
Public Authority: City of Dublin	Name:
Name of PWC: Helen S. George	Street:
Street: 6555 Shier – Rings Rd.	City:
City: Dublin	State/Zip:
State/Zip: Ohio 43016	Phone:
Phone: 614-410-4640	Last 4 Digits of SS #:

You will be performing work on this project that falls under these classifications. You will be paid the appropriate rate for the type of work you are performing.

Classification:	Prevailing Wage Rate Total Package:	Minus your fringe benefits *:	Your hourly base rate and overtime:
			/
			/
			/
			/
			/
			/
			/

Hourly fringe benefits paid on your behalf by this company (Yearly amount the company pays divided by 2080):

Fringe	Amount	Fringe	Amount
Health Insurance		Vacation	
Life Insurance		Holiday	
Pension		Sick Pay	
Other (Specify)		Training	
Other (Specify)		Total Hourly Fringes *	

Contractor's Signature:

Date:

Employee's Signature:

Date:

Ohio Department of Job and Family Services
APPRENTICESHIP AGREEMENT

By authority of the Ohio State Apprenticeship Council in cooperation with the US Department of Labor, Office of Apprenticeship

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and will only be disclosed in accordance with the provisions of the Privacy Act of 1974. (P.P.93-579)

The program sponsor and apprentice agree to the terms of this agreement and of the apprenticeship standards and work process schedule incorporated as a part thereof. In accordance with the equal opportunity provisions of 29 CFR Part 30.3, Executive Order 11246, and the apprenticeship rules of the State of Ohio (OAC 5101:11), the sponsor will not discriminate in the selection and training of the apprentice. This agreement may be terminated by either party that cites cause and notifies the Registration Agency in compliance with 29 CFR Part 29.6 and OAC 5101:11.

Part A: To be completed by apprentice. (Note to Sponsor: Part A should only be filled out by the apprentice.)

1. Apprentice identification (please print) Name of apprentice (first, middle, last) _____ Social Security # * _____ Address (street address, town, state, zip code) _____ Phone number: _____ E-mail address: _____ <small>* Submission of your social security number is voluntary, and failure to disclose it here will not affect your right to be registered as an apprentice.</small>		4. Equal Opportunity Information: a. Race (mark one): <input type="checkbox"/> Am. Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White b. Ethnic Group: <input type="checkbox"/> of Hispanic or Latino origin <input type="checkbox"/> not of Hispanic or Latino origin		5. Veteran status <input type="checkbox"/> Vietnam era veteran (8/15/64-5/7/75) <input type="checkbox"/> other veteran <input type="checkbox"/> non-veteran C# _____
2. Date of birth (mo/day/yr) _____ 3. Sex: <input type="checkbox"/> male <input type="checkbox"/> female		6. Highest education level <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> GED <input type="checkbox"/> high school grad		
8. Signature of apprentice _____ Date _____		7. Was this apprenticeship arranged by a school? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Signature of parent or guardian (if applicable) _____ Date _____		

Part B: To be completed by sponsor

10. Trade a. Trade title _____ b. RAIS code # _____		11. Term (specific number of hours, months, or years) _____ 12. Date apprenticeship begins (indenture date) _____																							
13. Probationary period (specific number of hours, months, or years) _____	14. Prior training credit (specific number of hours, months, or years) OJT _____ Related instruction _____		15. Term remaining (specific number of hours, months, or years) _____																						
16. Related instruction a. Provider name: _____	b. Provider type: <input type="checkbox"/> sponsor <input type="checkbox"/> VoEd <input type="checkbox"/> other	c. Method: <input type="checkbox"/> class <input type="checkbox"/> shop <input type="checkbox"/> correspondence	d. Hours per year _____ e. During related instruction, wages: <input type="checkbox"/> will be paid <input type="checkbox"/> will not be paid																						
17. Apprentice wages: The <u>standard</u> apprentice schedule of pay shall be listed for each advancement period. Period : 1 2 3 4 5 6 7 8 9 10 <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;">a. Length of period (specific # of hrs, mos, or yrs)</td><td style="width: 10%; border: 1px solid black;"></td><td style="width: 10%; border: 1px solid black;"></td><td style="width: 10%; border: 1px solid black;"></td><td style="width: 10%; border: 1px solid black;"></td><td style="width: 10%; border: 1px solid black;"></td><td style="width: 10%; border: 1px solid black;"></td><td style="width: 10%; border: 1px solid black;"></td><td style="width: 10%; border: 1px solid black;"></td><td style="width: 10%; border: 1px solid black;"></td><td style="width: 10%; border: 1px solid black;"></td></tr><tr><td>b. Apprentice wage, or % of journey wage</td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr></table>				a. Length of period (specific # of hrs, mos, or yrs)											b. Apprentice wage, or % of journey wage										
a. Length of period (specific # of hrs, mos, or yrs)																									
b. Apprentice wage, or % of journey wage																									
c. Journey-person's wage as of _____ is _____ per hour.		d. Apprentice starting wage is _____ per hour.																							
18. Sponsor identification Name of organization _____ Program ID # _____ Address (street address, town, state, zip code) _____		19. Contact information for sponsor's designee to receive complaints Name and title _____ Phone # _____																							
20. Signature of Joint Apprenticeship Committee (if applicable) _____ Date _____		21. Signature of authorized representative (Employer/Sponsor) _____ Date _____																							

Part C: To be completed by Registration Agency

New Apprentice Number _____

(Sponsors: When Parts A & B are complete, please return this form to your area ASP / ATR, who will review the form and forward it for approval to the Ohio State Apprenticeship Council.)

Confirmation of approval by the Ohio State Apprenticeship Council:

Employer Name, Address, and Telephone Gahanna-Creekside Investments LLC		Name of General / Prime Contractor City of Gahanna		Contracting Public Authority City of Gahanna	
Check if Subcontractor <input type="checkbox"/> Subcontractor		Week Ending _____		Payroll no. _____ of _____	
1. Employee Name, Address, and Social Security Number		2. Work Class		Project Number 788	
3. Hours Worked - Day & Date		4. Project Total Hours		5. Full Prevailing Wage Rate (PWR)	
6. Fringes per Total Hours All Jobs: <input type="checkbox"/> Cash <input type="checkbox"/> Approved Plans <input checked="" type="checkbox"/> Cash and Approved Plans		7. Basic Hourly Rate		8. Total Gross Project Hours All Jobs	
9. H&W Vac		10. Total Gross All Jobs		11. Taxes Withheld	
12. Total Per Hour		13. Net Paid All Jobs		14. Other and Voluntary Deductions	

CERTIFICATION. My signature on this form signifies that I pay, or supervise the payment of, the employees shown above. I am certifying: (1) that during the pay period shown on this form, all hours worked on this project have been paid at the appropriate prevailing wage rate for the class of work done; (2) that the fringe benefits have been paid as indicated above; (3) that no rebates or deductions have been or will be made, directly or indirectly, from the total wages earned, other than permissible deductions as defined in Ohio Revised Code chapter 4115; and (4) that apprentices are registered with the U.S. Department of Labor, Bureau of Apprenticeship and Training. The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution.

Name and Title _____
 Telephone No. _____
 Signature _____
 Date _____



**Affidavit of Compliance
PREVAILING WAGES**

I, _____,
(Name and Title of Person Signing Affidavit)

do hereby certify that the wages paid to all employees of

(Company Name)

for all hours worked on the

(Project Name and Location)

project, during the period from _____ to _____ are in
(Project Dates)

compliance with prevailing wage requirements of Chapter 4115 of the Ohio Revised Code.

I further certify that no rebates or deductions have been or will be made, directly or indirectly, from any wages paid in connection with this project, other than those provided by law.

(Signature of Officer or Agent)

Subscribed and sworn to in my presence this _____ day of _____, 20____.

(Notary Public)

The above affidavit must be executed and sworn to by the officer or agent of the contractor or subcontractor who supervises the payment of employees. This affidavit must be submitted to the owner (public authority) before the surety is released or final payment due under the terms of the contract is made.



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Prevailing Wage Contractor Responsibilities

ORC Chapter 4115: Wages And Hours On Public Works (Prevailing Wage)

General Information

Ohio's prevailing wage laws apply to all public improvements financed in whole or in part by public funds when the total overall project cost is fairly estimated to be more than \$69,853 for new construction or \$20,955 for reconstruction, enlargement, alteration, repair, remodeling, renovation, or painting.

- Thresholds are to be adjusted biennially by the Director of the Ohio Department of Commerce

Penalties for violation

Violators are to be assessed the wages owed, plus a penalty of 100% of the wages owed.

Intentional Violations

If an intentional violation is determined to have occurred, the contractor is prohibited from contracting directly or indirectly with any public authority for the construction of a public improvement. Intentional violation means "a willful, knowing, or deliberate disregard for any provision" of the prevailing wage law and includes but is not limited to the following actions:

- intentional failure to submit payroll reports as required, or knowingly submitting false or erroneous reports
- intentional misclassification of employees for the purpose of reducing wages
- intentional misclassification of employees as independent contractors or as apprentices
- intentional failure to pay the prevailing wage
- intentional failure to comply with the allowable ratio of apprentices to skilled workers as required by the regulations established by Ohio Department of Commerce, Wage and Hour Bureau
- intentionally employing an officer, of a contractor or subcontractor, that is known to be prohibited from contracting, directly or indirectly, with a public authority

Responsibilities

A. Pay the prevailing rate of wages as shown in the wage rate schedules issued by the Ohio Department of Commerce, Wage and Hour Bureau, for the classification of work being performed.

1. Wage rate schedules include all modifications, corrections, escalation's, or reductions to wage rates issued for the project.
2. Overtime must be paid at time and one-half the employee's base hourly rate. Fringe benefits are paid at straight time rate for all hours including overtime.
3. Prevailing wages must be paid in full without any deduction for food, lodging, transportation, use of tools, etc. unless, the employee has voluntarily consented to these deductions in writing. The public authority and the Chief of DOC Wage and Hour Bureau must approve these deductions as fair and reasonable.

Consent and approval must be obtained before starting the project.

B. Use of Apprentices and Helpers cannot exceed the ratios permitted in the wage rate schedules.

1. Apprentices must be registered with the Ohio State Apprenticeship Council.
2. Contractors must provide the Prevailing Wage Coordinator a copy of the Apprenticeship Agreement for each apprentice on the project.

C. Keep full and accurate payroll records available for inspection by any authorized representative of the Ohio Bureau of Wage and Hour or the contracting public authority, including the Prevailing Wage Coordinator. Reports should include but are not limited to:

1. Time cards, time sheets, daily work records, etc.
2. Payroll ledger\journals and canceled checks\check register.
3. Fringe benefit records must include program name, address, account number, and canceled checks.
4. Records made in connection with the public improvement must not be removed from the State for one year following the completion of the project.
5. Out-of-State Corporations must submit to the Ohio Secretary of State the full name and address of their Statutory Agent in Ohio.

D. Prevailing Wage Rate Schedule must be posted on the job site where it is accessible to all employees.

E. Prior to submitting the initial payroll report, supply the Prevailing Wage Coordinator with your project dates to schedule reporting of your payrolls.

F. Supply the Prevailing Wage Coordinator a list of all subcontractors including the name, address, and telephone number for each.

1. Contractors are responsible for their subcontractors' compliance with requirements of Chapter 4115 of the Ohio Revised Code.

G. Before employees start work on the project, supply them with written notification of their job classification, prevailing wage rate, fringe benefit amounts, and the name of the Prevailing Wage Coordinator for the project.

H. Supply all subcontractors with the Prevailing Wage Rates and changes.

I. Submit certified payrolls within two (2) weeks after the initial pay period. Payrolls must include the following information:

1. Employees' names, addresses, and social security numbers.
 - Corporate officers\owners\partners and any salaried personnel that do physical work on the project are considered employees. All rate and reporting requirements are applicable to these individuals.
2. Employees' work classification.
 - Be specific about the laborers and\or operators
 - For all apprentices, show level\year and percent of journeyman's rate
3. Hours worked on the project for each employee.
 - The number of hours worked in each day and the total number of hours worked each week.
4. Hourly rate for each employee.
 - The minimum rate paid must be the wage rate for the appropriate classification. The Department's Wage Rate Schedule sets this rate.
 - All overtime worked is to be paid at time and one-half for all hours worked more than forty (40) per week.
5. Where fringes are paid into a bona fide plan instead of cash, list each benefit and amount per hour paid to program for each employee.
 - When the amount contributed to the fringe benefit plan and the total number of hours worked by the employee on all projects for the year are documented, the hourly amount is calculated by dividing the total contribution of the employer by the total number of hours worked by the employee.

- When the amount contributed to the fringe benefit is documented but not the total hours worked, the hourly amount is calculated by dividing the total yearly contribution by 2080.
- 6. Gross amount earned on all projects during the pay period.
- 7. Total deductions from employee's wages.
- 8. Net amount paid.
- J. The reports shall be certified by the contractor, subcontractor, or duly appointed agent stating that the payroll is correct and complete; and that the wage rates shown are not less than those required by the O.R.C. 4115.
- K. Send a Final Affidavit to the Prevailing Wage Coordinator upon the completion of the project.

Information on this site is believed to be accurate but is not guaranteed. The State of Ohio disclaims any liability for any errors or omissions.



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Ohio Department of Commerce

Division of Labor & Worker Safety

Consumers

Business

License/Permit Holders & Applicants

Other Government Agencies

Instructions For Preparing Certified Payroll Reports

General:

Contractors and subcontractors are required by law to submit certified payroll reports for work on projects covered by Ohio's Prevailing Wage Law. This form meets the reporting requirements established by Ohio Revised Code Chapter 4115. The use of this form is not mandatory, employers may submit their own forms provided that all of the required information is included. This form may be reproduced, or additional copies obtained from:

Ohio Department of Commerce, Wage and Hour Bureau,
77 South High Street, 22nd Floor
Columbus, Ohio 43215, (614) 644-2239

Certified Payroll Heading:

Employer name and address: Company's full name and address. Indicate if the company is a subcontractor, if so list the name of the General or Prime.

Project: Name and location of the project, including county.

Contracting Public Authority: Name and address of the contracting public authority.

Week Ending: Month, day, and year for last day of reporting period.

Payroll #: Indicates first, second, third, etc. payroll filed by the company for the project.

Page indicator: number of pages included in the report.

Project Number: Determined by the public authority. If there is no number leave blank.

Payroll Information by column:

1. Employee Name, Address and Social Security number: This information must be provided for all employees that perform physical labor on the project. Corporate officers, partners, and salaried employees are considered employees and must be paid the prevailing rate. Individual sole proprietors do not have to pay themselves prevailing rate but must report their hours on the project.
2. Work Class: List classification of work actually performed by employee. If unsure of work classification, consult the Ohio department of Commerce, Wage and Hour Bureau. Employees working more than one classification should have separate line entries for each classification. Indicate what year/level for Apprentices. Be specific when using laborer and operator classifications; for example, Backhoe Operator or Asphalt Laborer.
3. Hours Worked, Day & Date: In the first row of column 3 enter days of pay period example; M T W T H F S S. The second row is for the date that corresponds with each day for the pay period. In the employee information section enter the number of hours worked on the prevailing wage project and which day the hours were worked. Separate rows are labeled for (ST) straight time hours and (OT) overtime hours. All hours worked after 40, must be paid at the appropriate overtime rate.
4. Project Total Hours : Total the hours entered for pay period.
5. Base Rate: Enter actual rate per hour paid to the employee. The overtime hourly rate is time and one-half the base rate listed in the prevailing wage schedule plus fringe benefits at straight time rate. The prevailing wage schedule lists the base rate plus fringe benefit amounts. These amounts added together equal the total prevailing wage rate. Employers must pay this total amount in one of three ways.
 - Total rate may be paid in entirety in the base rate to the employee; in which case, the cash designation will be checked for fringe benefits.
 - Total rate may be paid as listed in prevailing wage rate schedule with total fringe amounts paid approved plans.
 - Total rate may be paid with a combination of base rate and fringe payments to

approved plans in amounts other than those listed in schedule.

6. Project Gross: Enter total gross wages earned on the project for straight time and overtime. Project hours X base rate should equal project gross.
7. Fringes: If fringe benefits are paid in the hourly base rate, indicate this by marking the cash space. If fringe benefits are paid to approved plans as listed in the prevailing wage rate schedule, mark the space Approved Plans. If fringe benefits are paid partially in the base rate and partially to approved plans, mark the space Cash & Approved plans. List the hourly amount paid to approved plans for each fringe. If payments are not made on a per hour basis, calculate the hourly fringe credit by dividing the yearly employer contribution by the lesser of: hours actually worked in the year (these must be documented) or 2080. Fringe benefits include: Employer's share of health insurance, life insurance, retirement plan, bonus/profit sharing, sick pay, holiday pay, personal leave, vacation, and education/training programs.
8. Total Hours All Jobs: Total all hours worked during the pay period including non-prevailing wage jobs.
9. Total Gross All Jobs: Gross amount earned in the pay period for all hours worked.
10. Self explanatory.
11. Self explanatory.
12. Self explanatory.