Date

(Company President’s Name)

(Prime Contractor Name)

(Address)

Re: (Contract ID), Certified Payrolls, Deficient Notice 1

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_:

The certified payroll(s) for week(s) ending (enter date) submitted by your (company/subcontractor, name) are deficient as noted below. The above dated certified payrolls must be corrected and resubmitted with original signature. Corrected certified payrolls of subcontractors must be resubmitted through your company. The following items must be addressed. (Delete all items that do not apply).

Name and address with the prime or subcontractor(s) identified

State contract ID numbers (contract identification)

Payroll No., week ending, project location

Employee full name and last four digits of social security number

Identification of minority and female employees

Employee’s full work classification, including group or class

Identification of OJTs, apprentices and program levels (%) on payrolls

Daily and weekly employee hours worked in each job classification

Daily and weekly employee overtime (or premium) hours worked in each job classification

Total weekly hours worked on all jobs (prevailing and non-prevailing wage)

Base rate shown for each employee, overtime (or premium) rate shown when worked

Fringe benefit package information in file and updated as needed

Project gross weekly wages

Week’s gross wages for all jobs

Week’s itemized deductions

Week’s Net wages paid for all jobs

Compliance statement attached

Explanation of itemized deductions if needed

Method of fringe benefit payment described by checking either box (4)(a) or (4)(b)

Exceptions explanation for fringe benefit (4)(c)

Original signature

Other (give detailed explanation)

Mr./Ms. XX XXXX

Page 2

Date

You are hereby notified that if corrected and complete certified payrolls are not received by this office within 30 calendar days from the receipt of this notice, payment for work items performed by your (company/subcontractor, name) will be suspended until corrected and completed certified payrolls have been received by this office. In addition, if corrected and complete certified payrolls are not received by this office within 30 calendar days from the receipt of this notice, non-compliance damages will be assessed retroactive to the date this notice was received.

 Sincerely,

 Name

 Construction Engineer

 (Name of company, agency or TSC)

Sent by certified mail receipt requested or other method which establishes the date received by the prime contractor

cc: Subcontractor (by regular mail if needed)

cc: Region coordinator for prevailing wage