

EMPLOYEE INFORMATION SHEET

*To be completed & signed by ALL employees who will provide labor on the project
(must be submitted with first payroll AND as new employees are added to the payrolls)

- Please check:
- New Employee
 - Update Information on Existing Employee
(For example, change of address, work classification)

EMPLOYEE DATA

Name (write complete name): _____
 Mailing Address (write complete address): _____
 City: _____ State: _____ Zip Code: _____
 Home Phone Number: () _____
 Social Security Number: _____

Employee Work Classification (as appears on the wage decision): _____

- Journeyman Apprentice** Trainee**

** **Must be in a State and/or Federal approved program and provide documentation**

Brief description of duties: _____

†Hourly Pay Rate \$_____ †Hourly Fringe Benefit Payment \$_____

† **Rate of pay must be equal to or above the minimum wage requirement for worker classification as specified under the Federal Davis-Bacon Act and/or the State of California Labor Code**

- Fringe Benefits to be paid: Directly to the employee (included in total hourly rate)
 To Funded Plans Directly
 Union Contractor: Yes No

Name of Project: _____
 Contractor/Subcontractor Name: _____
 Date Employee is expected to start work: _____
 Date Employee is expected to finish work: _____

Employees should keep a detailed log of all days and daily hours worked on this project and a copy of all check stubs, payroll payment receipts or checks (before cashing). If you believe you are not being paid Davis-Bacon and/or State prevailing wage rates or not being paid all hours work, contact:

Los Angeles Housing + Community Investment Department
 Prevailing Wage Compliance Unit
 1200 West 7th Street, 8th Floor
 Los Angeles, CA 90017
 (213) 808-8909

I am fully aware that the above named project is a Davis-Bacon and/or State Prevailing Wage Project and I have been notified that I am to be paid on a weekly basis by check. I hereby certify that I understand the Davis-Bacon and/or State prevailing wage requirements and acknowledge that I am to be paid the hourly rate stated above. I further declare that I have received a copy of this document.

Employee Signature

Date

Print Name of Employer’s Authorized Signatory

Signature of Employer’s Authorized Signatory

Date

In case of discrepancy, the English version prevails.