

## CERTIFIED PAYROLL REVIEW CHECKLIST

|                                                       |                                             |
|-------------------------------------------------------|---------------------------------------------|
| CONTRACT ID<br>82000-205935                           | PRIME <del>SUB</del> CONTRACTOR<br>Jay Cobb |
| GENERAL WAGE DECISION AND DATE<br>MI190001 03/08/2019 | PAYROLL ENDING<br>07/12/2020                |

**INSTRUCTIONS:** This checklist is to be used in conjunction with MDOT Form 1954 – Certified Payroll Status Record Form 1954. All certified payrolls are to be date stamped upon receipt from the prime contractor. The envelope in which the certified payrolls arrive should be attached to the payroll and saved as part of the project file records.

### Payroll Information Checklist:

Yes N/A

|                                     |                                     |                                                                                                           |
|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Contractor's name and address with the prime or subcontractor(s) identified _____                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | State contract ID numbers (contract identification) _____                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Payroll No., week ending, project location _____                                                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Employee full name and last four digits of social security number _____                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Identification of minority and female employees _____                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Employee's full work classification, including group or class _____                                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Identification of OJTs, apprentices and program levels (%) on payrolls _____                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Daily and weekly employee hours worked in each applicable work classification _____                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Daily and weekly employee overtime (or premium) hours worked in each applicable work classification _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Base rate shown for each employee, overtime (or premium) rate shown when worked _____                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Project gross weekly wages _____                                                                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Total weekly hours worked on all jobs (prevailing and non-prevailing wage) _____                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Week's gross wages for all jobs _____                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Week's itemized deductions _____                                                                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Week's Net wages paid for all jobs _____                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Compliance statement attached _____                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Explanation of itemized deductions if needed _____                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Method of fringe benefit payment described by checking either box (4)(a) or (4)(b) _____                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Exceptions explanation for fringe benefit (4)(c) _____                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Fringe benefit package information in file and updated as needed _____                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Original signed signature _____                                                                           |

### Compliance Review Checklist:

Yes N/A

|                                     |                                     |                                                                             |
|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Verify work classifications reported are consistent with the work performed |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Verify correct wage rates are being paid                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Verify overtime is being paid correctly (Federal vs. State requirements)    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Verify that OJT and Apprentice Program documentation is in project files    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Compare payrolls with wage rate interviews when conducted                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Compare number of employees and hours worked with project documentation     |

REVIEWED BY :

Rachel James

Rachel S. James  
Jul 20 2020 11:53 AM

DATE:

07/20/2020

Clear Form