

CERTIFIED PAYROLL REVIEW CHECKLIST

CONTRACT ID 82000-205935	PRIME/ SUBCONTRACTOR Municipal Sweeping
GENERAL WAGE DECISION AND DATE MI190001 03/08/2019	PAYROLL ENDING 06/07/2020

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

☒	☐	Contractor's 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 No SS#- Owner of company _____
☐	☒	Identification of minority and female employees Owner of company _____
☒	☐	Employee's full work classification, including group or class _____
☐	☒	Identification of OJTs, apprentices and program levels (%) on payrolls Owner of company _____
☒	☐	Daily and weekly employee hours worked in each applicable work classification _____
☒	☐	Daily and weekly employee overtime (or premium) hours worked in each applicable work classification _____
☐	☒	Base rate shown for each employee, overtime (or premium) rate shown when worked Owner of company _____
☐	☒	Project gross weekly wages Owner of company _____
☐	☒	Total weekly hours worked on all jobs (prevailing and non-prevailing wage) Owner of company _____
☐	☒	Week's gross wages for all jobs Owner of company _____
☐	☒	Week's itemized deductions Owner of company _____
☐	☒	Week's Net wages paid for all jobs Owner of company _____
☒	☐	Compliance statement attached _____
☐	☒	Explanation of itemized deductions if needed Owner of company _____
☐	☒	Method of fringe benefit payment described by checking either box (4)(a) or (4)(b) Owner of company _____
☐	☒	Exceptions explanation for fringe benefit (4)(c) Owner of company _____
☐	☒	Fringe benefit package information in file and updated as needed Owner of company _____
☒	☐	Original signed signature _____

Compliance Review Checklist:

Yes N/A

☒	☐	Verify work classifications reported are consistent with the work performed
☐	☒	Verify correct wage rates are being paid Owner of company
☐	☒	Verify overtime is being paid correctly (Federal vs. State requirements) Owner of company
☐	☒	Verify that OJT and Apprentice Program documentation is in project files
☐	☒	Compare payrolls with wage rate interviews when conducted
☒	☐	Compare number of employees and hours worked with project documentation

REVIEWED BY :

Theresa Schuster

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Feb 24 2021 2:58 PM

DATE:

Clear Form