

## CERTIFIED PAYROLL REVIEW CHECKLIST

|                                                       |                                                       |
|-------------------------------------------------------|-------------------------------------------------------|
| CONTRACT ID<br>82000-205935                           | PRIME/ <del>SUBCONTRACTOR</del><br>Municipal Sweeping |
| GENERAL WAGE DECISION AND DATE<br>MI190001 03/08/2019 | PAYROLL ENDING<br>07/05/2020                          |

**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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Employee full name and last four digits of social security number <small>No SS#- Owner of company</small> _____          |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Identification of minority and female employees <small>Owner of company</small> _____                                    |
| <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 <small>Owner of company</small> _____             |
| <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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Base rate shown for each employee, overtime (or premium) rate shown when worked <small>Owner of company</small> _____    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Project gross weekly wages <small>Owner of company</small> _____                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Total weekly hours worked on all jobs (prevailing and non-prevailing wage) <small>Owner of company</small> _____         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Week's gross wages for all jobs <small>Owner of company</small> _____                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Week's itemized deductions <small>Owner of company</small> _____                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Week's Net wages paid for all jobs <small>Owner of company</small> _____                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Compliance statement attached _____                                                                                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Explanation of itemized deductions if needed <small>Owner of company</small> _____                                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Method of fringe benefit payment described by checking either box (4)(a) or (4)(b) <small>Owner of company</small> _____ |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Exceptions explanation for fringe benefit (4)(c) <small>Owner of company</small> _____                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Fringe benefit package information in file and updated as needed <small>Owner of company</small> _____                   |
| <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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Verify correct wage rates are being paid <small>Owner of company</small>                                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Verify overtime is being paid correctly (Federal vs. State requirements) <small>Owner of company</small> |
| <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 :

Theresa Schuster

Theresa Schuster  
Feb 24 2021 3:03 PM

DATE:

Clear Form