

WEEKLY PAYROLL RECORDS REPORT & STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c149, section 27B, a true and accurate record must be kept of all persons employed on the public works construction project for which the enclosed rates have been provided. The *Weekly Payroll Report Form* includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the project.

In addition, every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority. This is required to be done on a weekly basis. Once collected, the awarding authority is also required to preserve those records for three years.

In addition, each such contractor, subcontractor or public body shall furnish to the Executive Office of Labor within fifteen days after completion of its portion of the work a statement, executed by the contractor, subcontractor or public body who supervises the payment of wages, in the following form:

STATEMENT OF COMPLIANCE	
	Date: ____ / ____ / 20____
I, _____	
, _____	(Title)
(Name of signatory party)	
do hereby state:	
That I pay or supervise the payment of the persons employed by	
_____ on the _____	
(Contractor, subcontractor or public body)	(Building or project)
and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
	Signature _____
	Title _____

WEEKLY PAYROLL REPORT FORM
THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF CAPITAL ASSET MANAGEMENT

DCAM Project No. _____ Project Name _____ Project Location _____

Name of General Contractor _____ Check here if this is a final report

Name of Contractor Filing Report _____ Address _____

Week Ending _____ Report No. _____ Date Work Began _____ Date work completed _____

Employee Name & Address	Work Classification	Hours Worked							(A) Total Hours	(B) Hourly Base Wage	Employer Contributions			(F) [B+C+D+E] Hourly Total Wage (prev. wage)	(G) [A*F] Weekly Total Amount
		S	M	T	W	T	F	S			(C) Health & Welfare	(D) Pension	(E) Supp. Unemp.		

NOTE: Every contractor and subcontractor is required to submit a copy of their weekly payroll records to DCAM.
The undersigned states under the pains & penalties of perjury that the above provided and attached information is a true and accurate record of each person employed on the project and the hours worked and wages paid to each such employee, including payments to the referenced benefits. M.G.L. c. 149 §27B.

Authorized signature _____ Print Name _____ Print Title _____

Mail to: Division of Capital Asset Management
Compliance Office
One Ashburton Place, 15th Floor
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