

Payroll Certification for Public Works Projects
for Contractor and Subcontractor’s Weekly and Final Certification

Name of ☐ Contractor or ☐ Subcontractor			Business Address		Project Name		
Payroll No.			Date Wages Due & Paid		Week Ending Date		
			or ☐ Final Certification		Project Location		
					Contract I.D. or Project I.D.		
					Contractor Registration #		

SUBMIT form by
email: equalpayact@dol.nj.gov

IMPORTANT: For purposes of law,
you must *also* submit this form to
the appropriate public body or lessor.

1. Employee Name and Address	2. Work		3. Demographics			Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour	
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>M=Male F=Female X=Non-Binary</i>	Race <i>See Key</i>	Ethnicity <i>H= Hispanic N= Non-Hispanic</i>		SU	MO	TU	WE	TH	FR	SA			Gross Amt. Earned		Deductions								
							mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd	mm/dd			This Project	This Week	FICA	Withholding Tax							Total Deductions
							Hours worked each day																			
						S																				
						O																				
						S																				
						O																				
						S																				
						O																				
						S																				
						O																				
						S																				
						O																				
						S																				
						O																				
						S																				
						O																				
						S																				
						O																				
						S																				
						O																				

KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

Date _____

I, _____
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by

_____ on the _____;
(Contractor or Subcontractor) (Project Name and Location)

that during the payroll period beginning on _____, and ending on _____,
(Date) (Date)

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

_____ from the full weekly wages earned by any
(Contractor or Subcontractor)

person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made when due to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)

REMARKS

PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 10 ON PAGE 1 OF THIS FORM*

☐ Medical or hospital coverage

☐ Dental coverage

☐ Pension or Retirement

☐ Vacation, Holidays

☐ Sick days

☐ Life Insurance

☐ Other (Explain) _____

* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME

TITLE

SIGNATURE

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.