

ILLINOIS DEPARTMENT OF LABOR

Certified Transcript of Payroll

IDOL Case File Number: _____

Payroll Date: _____

***** *Please Note: The submission of falsified payroll records is a criminal offense.* *****

Contractor and/or Subcontractor	Contract Information	Public Body Information
Contact Person: _____	Contract Number: _____	Contact Person: _____
Company Name: _____	Project Number: _____	Public Body Name: _____
Address: _____	Project: _____	Address: _____
City, State, Zip: _____	Project Location: _____	City, State, Zip: _____
Telephone: _____		Telephone: _____

Report Hours for Each Day, Including Overtime Hours. List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address SSN & Telephone Number	Labor Classification	* Hours Worked Each Day							Total Hrs Each PW and Reg.	Total OT Hrs	Hourly Wage Rate	OT Wage Rate	Per Pay Period		Pension	Hourly Fringe Benefit			
		Sun	Mon	Tue	Wed	Thur	Fri	Sat					Gross	Net		Health & Welfare	Vac.	Training	
	PW																		
	N																		
	PW																		
	N																		
	PW																		
	N																		
	PW																		
	N																		
	PW																		
	N																		
	PW																		
	N																		

INSTRUCTIONS: Fringe benefits (health insurance, pension, vacation, and training) must be paid, if it is required for the work classification, regardless of your union or nonunion status. We give you credit for health insurance paid (if any) and ERISA approved pension plan (if any) and training if your employees are in a BAT approved program. If the fringe benefit rate is paid into a fund, please note by placing the letter "F" behind the fringe benefit rate; if the fringe benefit rate is included on an employee's payroll check, please note by placing the letter "E" behind the fringe benefit rate. On the back of this form please list all subcontractors, independent contractors and owner operator's your company used on this project. If you wish information regarding coverage of the Act, please visit our web site at www.state.il.us/agency/idol/ or call 217-782-1710.

*PW – Prevailing Hours Worked *N – Non Prevailing Hours Worked