

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

Name of <input type="checkbox"/> Contractor or <input type="checkbox"/> Subcontractor			Business Address				Project Name			
Payroll No.			Date Wages Due & Paid		Week Ending Date		Project Location			
					or <input type="checkbox"/> Final Certification					
							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 Job Title <i>e.g., apprentice, journeyman, foreman</i> Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>		3. Demographics Sex <i>M=Male F=Female X=Non-Binary</i> Race <i>See Key</i> Ethnicity <i>H= Hispanic N= Non-Hispanic</i>			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	
							Hours worked each day									Gross Amt. Earned		Deductions							
							SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Withholding Tax						Total Deductions
						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

⬇ Please complete page 2 ⬇

Check if additional sheets used

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.