

# Certified Transcript of Payroll

IDOL Case File Number: \_\_\_\_\_

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

Payroll Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (Contract Number)  
 \_\_\_\_\_  
 (Project Number)  
 \_\_\_\_\_  
 (Project Location)

## Contractor and/or Subcontractor

## Public Body Information

(Company Name)	(Contact Name)
(Street Address)	(City)
(State) (Zipcode)	(Telephone Number)

(Public Body Name)	(Contact Name)
(Street Address)	(City)
(State) (Zipcode)	(Telephone Number)

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

Worker Name, Address SSN & Telephone Number	PW	* Hours worked each day							Total Hrs Each PW and Reg.	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period		
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net	
	PW														
	N														
Labor Classification <input style="width:100%;" type="text"/>	Hourly Fringe Benefit: Pension: <input style="width:50px;" type="text"/> Health/Welfare: <input style="width:50px;" type="text"/> Vacation: <input style="width:50px;" type="text"/> Training: <input style="width:50px;" type="text"/>														
	PW														
	N														
Labor Classification <input style="width:100%;" type="text"/>	Hourly Fringe Benefit: Pension: <input style="width:50px;" type="text"/> Health/Welfare: <input style="width:50px;" type="text"/> Vacation: <input style="width:50px;" type="text"/> Training: <input style="width:50px;" type="text"/>														
	PW														
	N														
Labor Classification <input style="width:100%;" type="text"/>	Hourly Fringe Benefit: Pension: <input style="width:50px;" type="text"/> Health/Welfare: <input style="width:50px;" type="text"/> Vacation: <input style="width:50px;" type="text"/> Training: <input style="width:50px;" type="text"/>														
	PW														
	N														
Labor Classification <input style="width:100%;" type="text"/>	Hourly Fringe Benefit: Pension: <input style="width:50px;" type="text"/> Health/Welfare: <input style="width:50px;" type="text"/> Vacation: <input style="width:50px;" type="text"/> Training: <input style="width:50px;" type="text"/>														

**\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked**

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### **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/](http://www.state.il.us/agency/idol/) or call 217-782-1710.