§102-10 LABOR AND EMPLOYMENT

I. LABOR LAW REQUIREMENTS

NYS Labor Law, Section 220, *Hours, Wages and Supplements*, contains several provisions that requires NYSDOT to develop procedures to administer or ensure compliance with the Labor Law. Prior to letting, the Department submits a PW 39 *Request for Wage and Supplemental Information* for every project to the NYSDOL Bureau of Public Works. If NYSDOL determines that Article 8 or Article 9 of the NYS Labor Law applies to the work, they will assign a Prevailing Rate Case (PRC) number and provide a prevailing wage rate schedule which will be included in the contract proposal.

A. PREVAILING WAGES

If a prevailing wage rate schedule is not included in the contract proposal, (for mowing, litter pick-up contracts, etc.) the work has been determined by NYSDOL to not be prevailing wage work. The only requirement for these contracts are that the Contractor pay minimum wages.

If a prevailing wage rate schedule is included in the contract proposal, the Contractor must pay prevailing wages for a legal day's work of not less than the rate of wages plus supplements prevailing at the time the work is performed to the “laborers, workingmen or mechanics employed in the performance of the contract”. (Note that not every person working on a contract site is necessarily a “laborer, workingman or mechanic”, e.g., Nuclear Gauge Operators.) Prevailing wage rate schedules are typically effective from July 1 to June 30 of the next year. Current wage rate schedules and corrections/updates are available on the NYSDOL website at www.labor.state.ny.us. Corrections are typically posted for the first of each month, and identify what crafts in what counties have been corrected/amended. Wage rates for labor classifications required by the Contractor not appearing in the prevailing wage rate schedules must by requested from the NYSDOL (these need not go through the Office of Construction). Work without an applicable labor classification (such as mowing grass) that is required by the contract (though not necessarily a contract pay item) must be paid a prevailing wage if conducted by a “laborer, workingman or mechanic”. Note that watchmen/guards and quality control technicians are not a “laborer, workingman or mechanic”. (Security services firms must be licensed in accordance with General Business Law, Article 7.)

Labor Affidavits (AC 2947 & AC 2948)

Labor Law §220-a concerns the distribution of wage rate schedules, and labor affidavits.

1. The Contractor must provide each subcontractor with a copy of the prevailing wage rate schedules and supplements included in the contract before the subcontractor starts work and immediately obtain a Subcontractors Certification, Form AC 2948. A certification with an original signature must be provided to the EIC by the Contractor before each subcontractor starts work. If a subcontractor goes out of business and the Contractor neglected to secure the certification, the Comptroller will not process the final estimate until NYSDOL authorizes it, which will cause a multi-year delay in close-out.

2. When a contract is audited by NYSDOL or the FHWA, labor affidavits verify that the proper wages were paid throughout the contract.

3. When revised schedules of wages and supplements are issued (typically annually, on July 1), the Contractor must provide each subcontractor with the revised schedules and obtain a revised certification (Form AC 2948). Each wage rate period during which the subcontractor will perform work requires a separate certification. A copy of these revised certifications should also be provided to the EIC before work is performed in the new wage rate period.

4. For the Final Agreement, final labor affidavit(s) must be provided (See §109-09).

Wage Rate Interviews

Wage rate interviews are required as a check on compliance with prevailing wage rates included in the contract documents. The EIC must ensure Contractor personnel are interviewed and wage rate interview forms are completed.

Interviews should be conducted as soon as possible after workers in a new trade appear on the job site so that problems can be resolved in a timely manner. (Interviews may be of limited value until after the worker has received at least one paycheck.) A suggested sampling rate for conducting interviews is at least one interview in each trade employed by the Contractor and each subcontractor. For long
duration (multi-year) contracts, interviews should be conducted annually, particularly after wage rate increases on July 1. On contracts with larger workforces, the percentage of interviews will be lower, as the intent is to sample each Contractor/trade combination. It is recommended that interviews be conducted on payday so that the Contractor's employees will know their pay rate.

The interview results shall be documented on the Form MURK 10 Wage Rate Interview (Exhibit 102-10I) and checked against contract requirements and payroll records.

Wage Rate Interview Form Guidelines
Prior to performing interviews, the interviewer should review the wage rate schedules for applicable wage rate classifications and any class or group descriptions. It may be helpful to bring a copy of the current wage schedule during the interview. Each employee interviewed should be informed that Department procedures require periodic interviews with employees to check on the Contractor's compliance with certain labor law requirements and ask them if they would provide the required information. If an employee refuses to cooperate, please make note of this on the form. The following guidelines are provided to assist in completing the interview form:

Part I - To be completed during the interview
1. Title / Job Classification(s). The stated job classification(s) must agree with the wage rate schedule classifications and group/class. Employees may work in more than one classification and must be paid the appropriate rate for each classification.
2. Hourly Rate as Stated by Employee. The employee should be asked if the rate of pay includes any fringe benefits.

Part II - To be completed after interview
1. Determine whether the employee is doing work per their job classification based on observation of the work performed. If the employee is operating equipment, record the type.

Part III - To be completed in the office after the payroll for the interview date is submitted.
1. Hourly Rate per Payroll from the weekly payroll for the date the wage rate interview was performed.
2. Prevailing Rate from the current wage rate schedule.

B. OVERTIME DISPENSATION PROCESS
Labor Law §220.2 states that no laborer, workman or mechanic in the employ of the Contractor, subcontractor, or other person doing or contracting to do the whole or part of the work contemplated by the contract shall be permitted or required to work more than eight (8) hours in any one calendar day or more than five (5) days in any one week except in cases of extraordinary emergencies. The intent is to maximize the number of workers employed by increasing the work force or by the use of multiple shifts. Labor Dispensations are not required for supervisory employees, State or Consultant inspection staff, or for the use of multiple or staggered shifts.

Exceptions
There are limited situations where overtime work can be undertaken by a Contractor without the need for a Labor Dispensation. The following are typical situations:
- Occasional completion of on-going work task/activity to a logical point prior to departure at the end of the work shift. Lack of an overtime dispensation is a secondary concern to the correct payment of workers for overtime. This is not to be used to avoid obtaining a dispensation.
- Structural concrete placements which cannot be completed within the normal work day without undesirable construction joints.
- Special emergency operations of no more than a week duration, including, but not limited to; installation of temporary traffic control devices for prompt protection of traffic, and work of short duration to protect the public or the contract site from imminent damage or accident, such as cofferdam or excavation operations under pumping conditions.
- Support activities for small amounts of paving work of no greater than one week's duration. Such activities include finishing, compaction, and setting form rail. The actual placement of
§102-10 LABOR AND EMPLOYMENT

HMA or PCC paving material should not exceed the normal eight hour work period without dispensation. Support activities of longer than one week require dispensation.

Exceptions due to inclement weather
Time lost in any week because of inclement weather by employees engaged in the construction, reconstruction and maintenance of highways outside the limits of cities and villages may be made up during the week and/or the succeeding three weeks.

Time lost due to inclement weather may be made up without an approved labor dispensation by working more than eight hours on any one day, by working more than forty hours during any one week, or by working an additional day in a calendar week, if any such make-up time occurs within the three succeeding weeks of the time lost to inclement weather. The make-up work must be on a highway outside the limits of cities and villages. Premium (overtime) pay must be paid for work in excess of eight hours in any one day or forty hours in any one week. This make up provision only applies to the Contractor's inability to work a 40 hour week. It does not apply to the Contractor's inability to work overtime hours in an approved overtime dispensation.

Overtime Waiver Approval Guidelines
Generally, overtime waivers have been approved on the basis that all contracts affect traffic operations and, therefore, should be expedited in the interest of public safety and convenience. Presently, the NYSDOL uses the Department's recommendation as its basis of approval.

In order to be reasonable and consistent in the recommendations of dispensations, the following guidelines have been established for the review and approval of Contractor's Applications for Dispensation for Hours.

- Contracts with Incentive/Disincentive clauses, night work provisions, milestones, tight completion dates, A + B Bidding Clauses, or located on high volume arterials and expressways (6-10 hour days or 5-12 hour days or as indicated in Special Notes of each Contract Proposal).
- Bridge Rehabilitation and Replacement Contracts (5-10 hour days).
- Highway Construction (new location) or Reconstruction, Rehabilitation and preservation, or Resurfacing Contracts in rural locations (5-10 hour days).
- Maintenance type contracts (Crack Sealing, Resurfacing, Ditch Cleaning, Bridge Washing, etc.) (5 - 8 hour days).
- Bridge Painting Contracts, Pavement Striping Contracts, Signal Contracts, etc. (5-8 hour days).

Regions may elect to recommend Contractor requests for overtime with suitable justification (tight completion dates, late awards, etc.). Regions must be cognizant of their overtime allocations and expenditures. The use of the above noted guidelines do not affect a Region's overtime allocation, requirements for supervisory approval, Regional controls, and status reports to the Office of Construction.

Overtime Waiver Processing Procedure
1. Form PW-30 Application for Dispensation for Hours, (Exhibit 102-10A), should be completed by the Contractor and submitted to the Regional Construction Group.
   Ensure that all sections are complete. Sections often found blank are:
   - the Project Identification is the Contract D Number
   - the PRC # is the Prevailing Rate Case Number found on the wage rate schedule
   - the County or Counties where the contract is located
   - the Reason For Requesting Dispensation should note the reason and a statement that the dispensation is "in the interest of the safety and convenience of the traveling public."
   - the certification section is completed and signed by the RCE or Construction Supervisor.
§102-10 LABOR AND EMPLOYMENT

2. The Region should review the application to ensure that the information is complete and accurate, and that the request conforms to the minimum guidelines set forth above. If the Application does not meet the minimum guidelines, the Region should adjust the Application or return it to the Contractor. If the Application is appropriate, the Region should complete the bottom Certification section and prepare a transmittal memorandum to the Office of Construction that includes a statement that the Region's recommendation conforms to the criteria set forth in the guidelines listed above. If more overtime hours than the guidelines indicate are recommended, identify in the transmittal memorandum the compelling reasons for making such recommendations.

3. The Region shall transmit the original and one copy of the memo and application directly to the Office of Construction for processing to the NYSDOL. Applications should not be forwarded directly to the NYSDOL by either Contractors or the Region.

4. When a Dispensation is granted by the NYSDOL, Bureau of Public Work, a Form PW-31 Notice of Determination: Dispensation, (Exhibit 102-10B), is issued to the Contractor. The Contractor must post the PW-31 on its contract site bulletin board.

C. PAYROLLS

Labor Law §220.3a requires the Contractor and each Subcontractor to keep payroll records. Each Contractor and Subcontractor shall furnish the EIC, each week, payroll records and a Statement of Compliance with respect to the wages paid each employee (including apprentices and trainees) engaged on work during the preceding weekly payroll period. Contract payments should not be made if the Contractor has not submitted the required payrolls. Owner/Operators are not employees of the Contractor (they are a business with no employees) and are not required to submit detailed payrolls. Owner/Operators may be listed on payrolls for the purposes of capturing hours for civil rights reporting. Payrolls must be annotated with race and gender, to allow review in conjunction with civil rights reports. Payrolls and statement of compliance should be reviewed for completeness and then spot checked for items such as: classification, hourly rate, overtime hours and rate, authorized deductions, and net wages paid. It is not necessary to check every wage rate of every Contractor employee and each subcontractor during every weekly payroll period.

Contractor's Payroll Statement

Payroll submission on Federal-Aid contracts should be made on Form HC-231 Contractor's Payroll Form (Exhibit 102-10E) or Form WH-347 (Exhibit 102-10F). Payroll submission on contracts without Federal-Aid should be made on Form HC-231. A payroll printed from a payroll system may be submitted in lieu of the form; provided it contains all the required information and the Statement of Compliance is included.

Contractor’s Payroll Statement (Form HC-231)

The name of the Contractor or subcontractor must agree with the name shown on the award notification letter or the subcontractor approval. If a different name is provided, such as a subsidiary to the awarded Contractor, notify the Contract Management Bureau to verify that contractual relationship of the firms.

1. Employee's Name, Address, Race/Gender and Social Security Number - Full name is required on all payrolls, address is only required on the first payroll on which that employee's name appears. Social Security Numbers (SSNs) are optional. Due to sensitivity of SSNs, if they are provided, the numbers should be blacked over to prevent unintentional disclosure, and allow contract records to be discarded years later without the need to remove SSN data.

3. Work Classification - Should include group/class. Codes are listed on the bottom of the form.

4. Day and Date - Daily hours worked, straight time (S) and overtime (O) must be shown for each day. If overtime is shown, verify that the overtime dispensation was approved.

5. Total Hours - Total of straight time (S) and overtime hours (O) worked.

6. Rate of Pay - Depending on how the Contractor pays fringe benefits, the rate of pay listed may include an amount for fringe benefits. See section 4 of the statement of compliance to determine the method of payment before checking the rate against the wage schedule.
D. TRAINING

1. Registration Of Apprentices

Labor Law §220.3e requires the Contractor to submit written evidence of employee registration in an approved apprenticeship program (NYSDOL Form AT 401) before it can pay apprenticeship rates. If the Contractor does not submit a Form AT 401 for an Apprentice, the individual must be paid the journeyworker wage, in accordance with the prevailing wage rates.

2. EEO Requirements

A Contractor that is unable to meet EEO goals with journeyworkers may employ apprentice/trainee(s) to meet the goals. These apprentice/trainee(s) must be registered in an approved program, and the Contractor will not receive any additional payment for these personnel.

3. Training Special Provisions

The Department’s Training Special Provisions are contained in the Training Requirements item. The Contractor will receive additional payment for these personnel in accordance with the specification. See Construction Inspection Manual - Section 691 Training Requirements for additional guidance.

II. PROCEDURE FOR REPORTING SUSPECTED LABOR LAW VIOLATIONS

Transportation Law §14.24 requires officers and employees of the Department to report any and all violations of Article 8 and 8-A of the Labor Law they may observe or have brought to their attention. The NYSDOL may then investigate or hold a hearing to determine if such acts or omissions so reported constitute a violation of any of the provisions.

Although the Department is required to enforce the Labor Law provisions contained in or referred to in our contracts, our responsibility is limited to the compliance checks discussed in this section of the manual and the reporting of suspected violations. Labor Law Violations may only be determined by the NYSDOL after they have performed an investigation.

If a Labor Law violation is suspected as a result of a wage rate interview, a spot check of weekly payrolls or a general review, the EIC must report the finding to the Contractor and follow up on the suspected noncompliance issue. The following steps shall be taken:

1. The EIC should first notify the Contractor in writing of the suspected noncompliance and request a reply as to the proposed corrective action.
2. If the proposed corrective action is acceptable, the EIC should do a follow up check to ensure that the corrective action was implemented. For a wage rate issue, a follow up wage rate interview should be conducted to verify that the correct rates are being paid. If the proposed corrective action is not acceptable or if there is a disagreement as to interpretation of the contract provisions the Regional Construction Group should be contacted to assist in resolution.
3. If the suspected noncompliance still exists after a follow up review, the EIC shall notify the RCE in writing, who will then forward the suspected noncompliance to the Office of Construction.
4. The Office of Construction will notify the NYSDOL in writing of the suspected Labor Law violation and request that an investigation be performed.
   NOTE: A NYSDOL inspection may also be initiated due to an individual worker complaint or through NYSDOL’s public work inspection program.
5. The NYSDOL will perform an inspection and if violations are found, will issue a Form PW-28
§102-10 LABOR AND EMPLOYMENT

Notice of Labor Law Inspection Findings to the Contractor and the Office of Construction who will then forward a copy to the Region. The notice summarizes the inspection findings and includes required steps to take in order to comply.

6. The remaining steps necessary to resolve the labor law violation and follow up actions are handled by the NYSDOL in coordination with the Office of Construction.

EXHIBITS
A  Form PW30 Application for Dispensation for Hours (NYSDOL)
B  Form PW31 Notice of Determination: Dispensation (NYSDOL)
C  Form AC 2947 Contractor’s Certification (OSC)
D  Form AC 2948 Subcontractor’s Certification (OSC)
E  Form HC-231 NYSDOT Payroll Form
F  Form WH 347 Federal Payroll Form (USDOL)
G  Form MURK 10 Wage Rate Interview
APPLICATION FOR DISPENSATION FOR HOURS

Applicant must COMPLETE BOTH PAGES. A representative of the Department of Jurisdiction (contracting agency) must COMPLETE CERTIFICATION AT BOTTOM.

APPLICANT: NAME AND ADDRESS

FEDERAL EMPLOYER IDENTIFICATION NUMBER

TELEPHONE NO:

Prevailing Rate Case / PRC #

COUNTY:

(found on wage schedule)

Project Description:

DESCRIPTION OF LOCATION: (City, town, intersection, street or route, etc.)

NATURE OF PROJECT: (Check one)

☐ 1. NEW BUILDING ☐ 2. ADDITION TO EXISTING STRUCTURE ☐ 4. NEW SEWER OR WATERLINE ☐ 6. OTHER RECONSTRUCTION, MAINTENANCE REPAIR OR ALTERATION

☐ 3. HEAVY AND HIGHWAY CONSTRUCTION (NEW AND REPAIR) ☐ 5. OTHER NEW CONSTRUCTION ☐ 7. DEMOLITION

REASON FOR REQUESTING DISPENSATION:

DISPENSATION REQUIRED: (Complete statement below)

Application is made for a period beginning ________ and ending ________ to permit

operations ________ hours per day ________ days per week.

____________ (Date) ________________ (Signature of Contractor or Authorized Representative)

(PRINT NAME AND TITLE)

This Section to be Certified by an Officer of the Department of Jurisdiction

IT IS HEREBY CERTIFIED THAT THE ABOVE DESCRIBED PUBLIC WORK PROJECT IS OF AN IMPORTANT NATURE AND THAT A DELAY IN CARRYING IT TO COMPLETION WOULD RESULT IN SERIOUS DISADVANTAGE TO THE PUBLIC.

____________ (DEPARTMENT OF JURISDICTION) ________________ (AUTHORIZED SIGNATURE)

____________ (STREET ADDRESS) ________________ (PRINT NAME AND TITLE)

____________ (TOWN, CITY, STATE) ________________ (DATE)

(DIP CODE) TELEPHONE NO:

__________________________

PW-30 (08-05)
COMPLETE AND RETURN

LIST THE JOB CLASSIFICATIONS FOR WHICH THIS DISPENSATION IS REQUESTED AND THE NUMBER OF EMPLOYEES IN EACH CLASSIFICATION.

<table>
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<tr>
<th>JOB CLASSIFICATION (occupations)</th>
<th>Number to be Employed</th>
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When this application is complete, have an officer of the department of jurisdiction complete the certification section and return it to this office. No worker, laborer, or mechanic may be employed in excess of 8 hours in any one day nor 5 days in any one calendar week until you receive a notice of determination.
STATE OF NEW YORK
DEPARTMENT OF LABOR

BUREAU OF
PUBLIC WORK

Date Granted:
04/25/2006

FEIN NO:
00-0000000

P.R.C. NO:
2008500042

P.R.C Description: For informational use only

As requested, dispensation from restrictions pursuant to the provisions of Article 8 of the New York State Labor law is granted for the period and conditions stated herein.

Permission is granted for a period from 04/25/2006 through 04/25/2006 to employ workers, laborers, and mechanics on the above public work project not more than 60 hours in any one calendar day and not more than 8 days in any one week on condition that employees are paid a premium wage commensurate with the premium wages prevailing in the area. This dispensation is granted solely for the purpose of overcoming existing extraordinary emergencies during the specified period and may not be used for any other purpose.

The Commissioner of Labor reserves the right to alter, amend or revoke this dispensation upon giving five days' notice in writing to the department of jurisdiction and the contractor or contractors engaged upon this project.

Christopher D. Alund
Director
FOR THE COMMISSIONER OF LABOR

NOTICE OF DETERMINATION: DISPENSATION

POST ON JOB SITE

NOTE: If it is found that the extraordinary emergency will exist beyond the period of the above dispensation, a request may be made for an extension; however, such request should be submitted in writing to this office at least two weeks prior to the termination of the above dispensation.
New York State Labor Law, Section 220-a
Prime Contractor's Certification

1. That I am an officer of _________________________________ and I am duly authorized to make this affidavit on behalf of the prime contractor on public contract No. ________.

2. That I fully comprehend the terms and provisions of Section 220-a of the Labor Law.

3. That except as herein stated, there are no amounts due and owing to or on behalf of laborers employed on the project by the contractor. (Set forth any unpaid wages or supplements, if none, so state).

   Name      Amount
   ____________________________________________
   ____________________________________________
   ____________________________________________

4. That the contractor hereby files every verified statement(s) required to be obtained by the contractor from the subcontractor(s).

5. That, upon information and belief, except as stated herein, all laborers (exclusive of executive or supervisory employees) employed on the project have been paid the prevailing wages and supplements for their services through ________________ (if more than one subcontractor list name and date separately) the last day worked on the project by their subcontractor(s). (Set forth any unpaid wages and supplements, if none, so state and utilize clause 5(A)).

   Name      Amount
   ____________________________________________
   ____________________________________________
   ____________________________________________

(5A) That the contractor has no knowledge of amounts owing to or on behalf of any laborers of its subcontractor(s).
New York State Labor Law, Section 220-a
Prime Contractor's Certification

(Page 2)

6. In the event it is determined by the Commissioner of Labor that the wages or supplements or both of any such subcontractor(s) have not been paid or provided pursuant to the appropriate schedule of wages and supplements, then the contractor shall be responsible for payment of such wages and supplements pursuant to the provision of Section 223 of the Labor Law.

__________________________
Signature

__________________________
Print Name

__________________________
Title

ACKNOWLEDGMENT:

STATE OF NEW YORK
COUNTY OF __________________________ : SS.: 

On this ______________________ day of __________________________ 20________

before me personally came __________________________ to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same.

__________________________
Notary Public

__________________________
County

If this affidavit is verified by an oath administered by a notary public in a foreign country other than Canada, it must be accompanied by a certificate authenticating the authority of the notary who administers the oath. (See CPLR §2309(c); real Property Law, §311, 312).
## Approved Subcontractors and Last Days of Work

**Contract D_____**

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<th>Subcontractor</th>
<th>Last Day of Work</th>
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New York State Labor Law, Section 220-a
Subcontractor's Certification

1. That I am an officer of __________________________ a subcontractor on public contract No. __________________________ and I am duly authorized to make this affidavit on behalf of the firm.

2. That I make this affidavit in order to comply with the provisions of Section 220-a of the Labor Law.

3. That on ____________ we received from __________________________ the prime contractor a copy of the initial/revised schedule of wages and supplements Prevailing Rate Schedule Case Number ________________ (PRC) specified in the public improvement contract.

4. That I have reviewed such schedule(s), and agree to pay the applicable prevailing wages and to pay or provide the supplements specified therein.

______________________________
Signature

______________________________
Print Name

______________________________
Title

ACKNOWLEDGMENT:

STATE OF NEW YORK
COUNTY OF ____________ : SS.:

On this ____________ day of ____________ 20 __________ before me personally came __________________________ to me known and known to me to be the person described in and who executed for foregoing instrument and acknowledged that he/she executed the same.

______________________________
Notary Public

______________________________
County

If this affidavit is verified by an oath administered by a notary public in a foreign country other than Canada, it must be accompanied by a certificate authenticating the authority of the notary who administers the oath. (See CPLR §2309(c); real Property Law, §311, 312).
## CONTRACTOR'S PAYROLL STATEMENT

### Payroll No. 22

#### FOR WEEK ENDING 4/15/2005

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Address</th>
<th>RACE/GENDER CODE</th>
<th>SSN</th>
<th>TOTAL HOURS WORKED</th>
<th>RATE</th>
<th>PAYMENTS</th>
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<tbody>
<tr>
<td>John Anybody</td>
<td>987 Minor St, Anywhere, NY 12345</td>
<td>BM XXX-XX-4321</td>
<td>S M T W Th F S</td>
<td>8</td>
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<tr>
<td>Jane Doe</td>
<td>321 Major Rd, Somewhere, NY 12456</td>
<td>NAF XXX-XX-5678</td>
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<td>Bob Builder</td>
<td>45 South Ave, Albany, NY 12232</td>
<td>WM XXX-XX-1234</td>
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<td>48.00</td>
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#### CONTRACT DESCRIPTION

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<th>CLASS</th>
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<th>RATE</th>
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<tbody>
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<td>LAB-A</td>
<td>1040.00</td>
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<td>222.00</td>
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<tr>
<td>OP-A</td>
<td>2048.00</td>
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<td>402.00</td>
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</table>

#### RACE/GENDER CODES:
- W-White/Caucasian
- B-Black
- H-Hispanic
- A-Asian
- NA-Native American
- M-Male
- F-Female

#### WORK CLASSIFICATION CODES:
- LAB-Laborer
- OP-Equipment Operator
- SV-Surveyor
- TD-Truck Driver
- IW-Ironworker
- CP-Carpenter
- MS-Mason
- PT-Painter
- EL-Electrician

#### Others (as Needed) - ________

#### INITIALS - ________
New York State Department of Transportation

CONTRACTOR'S PAYROLL CERTIFICATION

Date: 4/18/2005

I, Joe Counter, Accountant do hereby state:

(1) That I pay or supervise the payment of the persons employed by CONTRACTOR NAME - I.M. BUILDER on the (FROM PROPOSAL) Rte 123 Over Hudson River that during the payroll period commencing on 4/11/2005 and ending on 4/15/2005 all persons employed on said project 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 CONTRACTOR NAME - I.M. BUILDER.

from the full weekly wages earned by any 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 Article 6 Section 193 of the New York State Labor Law, applicable to State projects, and as described below. OR Title 29, Code of Federal Regulations, Part 3 (29 CFR Subtitle A) issued by the Secretary of Labor under the Davis-Bacon Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 78 Stat. 357, 40 U.S.C. 276a), applicable to Federally-aided projects, and as described below.

(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 or mechanics 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 to be performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with: the New York State Department of Labor.

(4) That:

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

☑ In addition to the basic hourly wage rates to each laborer or mechanic listed in the above referenced payroll, payment of fringe benefits as listed in the contract, have been or will be made 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) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION
Operating Engineers Fringe paid + tax

REMARKS

NAME AND TITLE SIGNATURE Date
Joe Counter, Accountant Joe Counter 4/25/2005

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
General: The use of HC-231, Contractor's Payroll Statement, is not mandatory. This form has been made available for the convenience of contractors and subcontractors required by their NYS Highway Contracts and subcontracts to submit weekly payrolls, on State, Federal or Federal-Aid construction contracts. The Contractor shall show all monies paid to employees, whether as wages or as cash in lieu of fringe benefits. The Contractor's statement of compliance on the last page of the form should indicate whether payment of fringe benefits was made to others or paid as cash in lieu of fringe benefits.

Name of Contractor or Subcontractor/Address: Fill in the firm name, check appropriate box and fill in the firm address.

Payroll No / Week Ending: Number payrolls sequentially. Enter end date for payroll week as mm/dd/yyyy.

Contract Description / County / Contract Number: Enter contract description, County and contract D number.

Column 1 – Employee Name, Race/Gender Code, Social Security Number (SSN) and Address: Employee's full name shall be shown on each payroll. SSN and address shall be shown on the first payroll. Enter SSN as 123456789 (no dashes). SSN and address need not be shown on subsequent payrolls unless the employee's address changes.

Column 3 – Work Class: List work classification descriptive of work performed by employees. Consult classifications and wage rate schedule in contract documents. Employee may be shown as having worked in more than one work classification by using separate line entries for hours worked in each work classification. Total columns 7, 8 and 9 for an employee working in multiple classifications in the last line used for that employee. Common work classification codes are listed on the bottom of the payroll, create and enter other codes as needed.

Column 4 – Hours Worked: Enter straight time and overtime (in excess of 8 hours per day and 40 hours per week) worked.

Column 5 – Total Hours: The total is automatically calculated from the daily entries of hours worked.

Column 6 – Wage Rate: In straight time (lower) box, list hourly rate paid the employee for straight time worked. In overtime (upper) box show overtime hourly rate paid. The contractor shall pay to approved plans, funds, or programs or shall pay as cash in lieu of fringe amounts predetermined as fringe benefits in the wage rate schedule made part of the contract.

Column 6A – Fringe Rate: For fringe benefits paid in cash, list hourly fringe benefit rate for straight time in the lower box and list hourly fringe benefit rate for overtime in the upper box. If fringe benefits are not paid in cash, rates need not be entered.

Column 6B – Fringes Paid in Cash (Y/N)?: Enter Y if fringe benefits are paid in cash, enter a N if fringe benefits are not paid in cash.

Column 7 – Gross Amount Earned: Enter gross amount earned on this contract. If part of the employees' weekly wage was earned on contracts other than that described on this payroll, enter in column 7 first, the amount earned on this contract and then the gross amount earned during the week on all contracts. For example $195,000/6970.00.

Column 8 – Deductions: Four columns are provided for showing deductions: if more than four deductions are made, use first 3 columns; show the balance of deductions under "Other" column; show total under "Total Deductions" column; and in the attachment to the payroll describe the deductions contained in the "Other" column. All deductions must be in accordance with the provisions of the Article 6, Section 193 of the NYS Labor Law. If the employee worked on other contracts in addition to this one, show deductions from weekly gross wage, but indicate that deductions are based on gross wages.

Column 9 – Net Wages Paid: Net wages is calculated from the gross amount earned minus total deductions.

Payroll Certification Required by State and Federal Regulations: While this form need not be notarized, the certification statement is subject to the penalties provided by applicable State and Federal Laws. Initial each statement page and sign certification. The party signing this required certification should have knowledge of the facts represented as true.

Space is provided between items (1) and (2) of the Payroll Certification to describe any deductions made. If all deductions made are adequately described in the "Deductions" column above, state "See Deductions column in this payroll."

FRINGE BENEFITS: Contractors who pay fringe benefits to approved plans, funds, or programs in amounts not less than required in the wage rate schedule shall check 4(a) on the certification statement and note any exceptions in Section 4(c). Contractors who pay no fringe benefits to approved plans, funds, or programs shall check 4(b) on the certification statement and note any exceptions in Section 4(c). Contractors who make payments to an approved plan, fund, or program in amounts less than the required fringe rate shall pay the difference directly to the employee as cash in lieu of fringe benefits. Any exceptions to Section 4(a) or 4(b) shall be entered in Section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid the employee as cash in lieu of fringe benefits and the amount paid to plans, funds, or programs as fringe benefits.
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<tr>
<th>NAME OF CONTRACTOR</th>
<th>OR SUBCONTRACTOR</th>
<th>ADDRESS</th>
<th>OMB No.</th>
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**PAYROLL**

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

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<tr>
<th>PAYROLL NO.</th>
<th>FOR WEEK ENDING</th>
<th>PROJECT AND LOCATION</th>
<th>PROJECT OR CONTRACT NO.</th>
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<tr>
<th>NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE</th>
<th>WORK CLASSIFICATION</th>
<th>HOURS WORKED EACH DAY</th>
<th>TOTAL HOURS</th>
<th>RATE OF PAY</th>
<th>GROSS AMOUNT EARNED</th>
<th>(VI) WITHHOLDING TAX</th>
<th>FICA</th>
<th>(VII) DEDUCTIONS</th>
<th>OTHER</th>
<th>TOTAL DEDUCTIONS</th>
<th>NET WAGES PAID FOR WEEK</th>
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We estimate that it will take an average of 56 minutes to complete this collection of information, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.
Exhibit 102-10F2
New York State Department of Transportation
May 2006
Contract Administration Manual

Date ________________

I, ______________________, (Name of Signatory Party) ________________, (Title)
do hereby state:

(1) That I pay or supervise the payment of the persons employed by
______________________________ on the
[Contractor or Subcontractor]
______________________________ that during the payroll period commencing on the
______________________________ day of ____________, and ending the ____________ day of ____________,
______________________________ 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
[Contractor or Subcontractor]
______________________________ weekly wages earned by any 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 Regulations, Part
______________________________ 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
______________________________ 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

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(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 in a bona fide apprentice ship program registered with a State apprentice ship agency recognized by the Bureau of Apprentice ship and Training, United States Department of Labor, if no such recognized agency exists in a
______________________________ State, are registered with the Bureau of Apprentice ship and Training, United States Department of Labor.

(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 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) EXCEPTIONS

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REMARKS:

NAME AND TITLE: ____________________________

SIGNATURE: ____________________________

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1031 OF TITLE 18 AND SECTION 291 OF TITLE
31 OF THE UNITED STATES CODE.
WAGE RATE INTERVIEW

PART I - To Be Completed During Interview

Employee Name ________________________________
Print

Title/Job Classification (as stated by employee) ____________________
□ Journeyworker □ Apprentice - Year ___

Is employee aware that he/she is entitled to receive prevailing wages and supplements? Yes ___ No ___

Hourly Rate (stated by employee) ______ Does this include fringe benefits? Yes ___ No ___

If No, fringe benefit rate is ________________________________

Company issuing employee’s check ________________________________

Based on Inspector observation, is employee doing work per job classification? Yes ___ No ___

Interviewed By: _____________________________ Date _____________

Comments: __________________________________________________
_________________________________________________________

PART II - To Be Completed In The Field Office

Hourly Rate of employee per payroll for interview date _________ □ w/Fringes □ w/o Fringes

Prevailing Rate (NYS or Federal), whichever is higher _________ _________
Wages Fringes

Verified By: _____________________________ Date _____________

Comments: __________________________________________________
_________________________________________________________