

In accordance with Public Act 99-142
 Certified Payrolls with a statement of compliance
 shall be submitted monthly to the contracting state agent upon request.

PAYROLL CERTIFICATION FOR COVERED SERVICE WORKER CONTRACTS

Connecticut Department of Labor
 Wage and Workplace Standards Division
 200 Folly Brook Blvd.
 Wethersfield, CT 06109

WEEKLY PAYROLL

REQUIRED EMPLOYER/CONTRACTOR NAME AND ADDRESS: ABC Rubbish Removal Services 200 Main Street Shelton, CT 06484			CONTRACTING STATE AGENT/STATE AGENCY: Department of Transportation P.O. Box 317546 Newington, CT 06131-7546				TERM OF CONTRACT: July 1, 2000 - July 1, 2001			
PAYROLL NUMBER 1	WEEK-ENDING DATE 07/29/2000	CONTRACT DESCRIPTION AND BID NUMBER: Rubbish Removal Service Statewide								

EMPLOYEE NAME AND ADDRESS	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							S-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=CASH) (P=PLAN)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR SERVICE CONTRACT JOBS	
			S	M	T	W	TH	F	S					FICA	FEDERAL	STATE	OTHER		
			23	24	25	26	27	28	29	O-TIME									
Jack Daniels 23 Hale Street Ansonia, CT 06401		Refuse Collector		8	8	8	8	8	10		40 2	\$9.29	C:= 2.79	\$516.65	XX	XX	XX	XX	\$516.65
George Smith 290 Maple Drive Shelton, CT 06484		Refuse Collector		8	8	8	8	8			40	\$9.29	C:= P:= 2.79	\$434.47	XX	XX	XX	XX	\$371.60
Sally McCarthy 105 North Road Derby, CT 06418		Refuse Collector			7	9	8	10	8		40 2	\$9.29	C:= 1.00 P:= 1.79	\$441.47	XX	XX	XX	XX	\$441.47
Hal Morris 30 Lyndale Street Derby, CT 06418		Refuse Collector		8	8				8		24	\$9.29	C:= P:= 2.79	\$342.96	XX	XX	XX	XX	\$222.96
													C:= P:=						

***Fringe Benefits Explanation (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

- 1) Medical or hospital care _____ X _____
- 2) Pension or retirement _____
- 3) Life Insurance _____ X _____
- 4) Disability _____
- 5) Vacation, holiday _____ X _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of July 29, 2000.

I, Alan Bates of ABC Rubbish (hereafter known as Employer) in my capacity as President (title) do hereby certify and state:

All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Public Act 99-142. Further, I hereby certify and state the following:

- A) The records submitted are true and accurate;
- B) The rate of wages paid to each employee is not less than the standard rate of wages as determined by the Labor Commissioner pursuant to section (c) of P.A. 99-142;
- C) The Employer has complied with all of the provisions of P.A. 99-142, Section 1, and
- D) The employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars. imprisoned for up to five years or both.

Submitted on 8/25/00
(Date)

Alan Bates
(Signature)

President
(Title)

*****THIS IS A PUBLIC DOCUMENT***
DO NOT INCLUDE SOCIAL SECURITY NUMBERS**