

WEEKLY PAYROLL CERTIFICATION

**PAYROLL CERTIFICATION FOR COVERED SERVICE WORKER CONTRACTS**

WEEK-ENDING DATE:

**FOR FOOD SERVICE CONTRACTS ONLY**

WEEKLY PAYROLL

EMPLOYEE NAME AND ADDRESS	MALE/ FEMALE AND RACE**	WORK CLASSIFICATION	DAY AND DATE							S-TIME	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS SERVICE CONTRACT JOB	CHECK # AND NET PAY
			S	M	T	W	TH	F	S					FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	OTHER		
			HOURS WORKED EACH DAY							O-TIME	TOTAL FRINGE BENEFIT PLAN CASH	1. \$	2. \$	3. \$	4. \$	5. \$	6. \$	*** TIP CREDIT	
										\$	1. \$						\$		
										Base Rate Per Hour	2. \$						Gross Pay		
										\$	3. \$						\$		
										Cash Fringe Per Hour	4. \$						Tip Credit		
										\$	5. \$						\$		
										Cash Fringe Per Hour	6. \$						Tip Credit		
										\$	1. \$						\$		
										Base Rate Per Hour	2. \$						Gross Pay		
										\$	3. \$						\$		
										Cash Fringe Per Hour	4. \$						Tip Credit		
										\$	5. \$						\$		
										Cash Fringe Per Hour	6. \$						Tip Credit		
										\$	1. \$						\$		
										Base Rate Per Hour	2. \$						Gross Pay		
										\$	3. \$						\$		
										Cash Fringe Per Hour	4. \$						Tip Credit		
										\$	5. \$						\$		
										Cash Fringe Per Hour	6. \$						Tip Credit		

\*IF Required

**\*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 \_\_\_\_\_
- 2) Pension or Retirement \_\_\_\_\_
- 3) Life Insurance/Disability \_\_\_\_\_
- 4) Vacation, Holiday \_\_\_\_\_
- 5) Tip Credit \_\_\_\_\_
- 6) Other (meals) please specify \_\_\_\_\_

**CERTIFIED STATEMENT OF COMPLIANCE**

For the week ending date of \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_ (hereafter known as Employer) in my capacity as \_\_\_\_\_ (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 Connecticut General Statute Section 31-57f. 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 (e);
- C) The Employer has complied with all of the provisions of Section 1, and
- D) The employer is aware that filing a certified payroll which it 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 \_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)

\_\_\_\_\_  
(Title)

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