

The City of
San Diego
America's Finest City



Purchasing & Contracting Department



Equal Opportunity Contracting
Labor Compliance Program



Information Today is Available to Public FREE

Labor Compliance Program

- **Information presented today is available to public for FREE**
- **Sandiego.gov**





Mission Statement

Labor Compliance Program

- **Enforce** public contracting regulations
- **Administer** Federal, State, and City equal opportunity laws
- **Conduct broad outreach efforts** to increase the diversity of the contracting community
- **Develop partnerships** with the contracting community, emerging businesses and client departments Monitor, enforce, and provide policy direction on wage payment issues for public works projects.





City's Labor Compliance History

- January 2003: EOC restructured into Labor Compliance and Contract Compliance
- November 2009: CA Dept of Industrial Relations certified current EOC Labor Compliance Program





■ **Public Contracting Code**

- **Section 4100-4114 is cited as the “Subletting and Subcontracting Fair Practices Act”**
- **Section 7100-7200 Agencies’ retention release requirements**
- **Section 10261-10265 Prompt payment provisions**

■ **California Labor Code**

- **Section 1700 Requires contractors on public-works projects to pay prevailing wage rates**
- **Section 1771.5 Requires awarding body to identify prevailing wage requirements and review certified payrolls**
- **Section 1776 Requires contractor to keep records**
- **Section 1777.5 Requires contractor to use apprentices**



- **Report on subcontractor usage for federally-funded contracts.**

Presenters at:

- Pre-bids
- Pre-cons
- Pre-proposals meeting

Selection Panel Participants:

- Consultant
- Design Build

Analyze:

- Work Force Reports
- Analyze EEO Plans
- Monthly Invoicing Reports
- Monthly Employment Reports



Review:

- **1472** create eval. for City Council
- **1544**
- **PA2625**
- **Proposals (RFQ/RFP)**

Monitor:

- **Sub & Vendor Participation/Payments**
- **Apprentice levels**
- **Payment of Prevailing Wages**
- **Conduct field interviews**



Pre-Construction Conferences

LCO's present information:

- Federal/State labor law requirements for the specific contract
- Required reports and submittal deadlines
- Prevailing wage requirements, if applicable
- All Pre-Construction notices should be sent to Roxann Etzel at REtzel@SanDiego.gov and cc Alice Jones at AliceJones@SanDiego.gov



Prevailing Wages/Certified Payroll Reports

- Prevailing wages consist of:
 - basic hourly rates
 - fringe benefits
- Certified Payroll Report's (CPR) are completed and submitted weekly
- All subcontractors must submit CPR's
- Labor Compliance Officer's review for accuracy and completion
- Underpayments are identified and corrections requested



Employment of Apprentice

- Review Monthly Employment Reports
- Request paperwork for apprentices
- Ensure proper ratio of apprentices to journeyman
- Confirm apprentice programs are approved



Point Loma Library



Field Interviews

- Verify proper payment of prevailing wages
- Verify work classifications
- Verify display of EEO posters & prevailing wage information



Program Certification Allows . . .

- Investigation initiated when clarifications / corrections to CPR's not received within 2 weeks
- At end of investigation, report is sent to DIR with recommendations for contractor penalties
- All monies collected from penalties go into City's General Fund





When do Prevailing Wages Apply?

State-funded projects if > \$1000

Federally-funded projects if > \$2000

City-funded projects are Exempt as Charter City; However, the September 26, 2013 passage of City Council Ordinance O-20299, revised number O2014-15, requires that contracts and task orders awarded, entered into, or extended on or after January 1, 2014, shall comply with California Labor Code sections 1770-1781 for construction work over \$25,000 and for alteration, demolition, repair or maintenance work over \$15,000

The Prime contractor is responsible for submission of all certified payroll records, including subcontractors.



Notify Labor Compliance

- If you receive a complaint on a labor issue
- If a subcontractor is working on a project but is not listed on the submitted *Monthly Invoicing Report*
- If you are advised of wage disputes



Our Expectations . . .

- Contractors will submit all reports promptly
- EOC will be notified of all Pre-Construction meetings
- Field Staff shall report all labor issues to LCO's
- Withhold progress payments if requested



Forms

- Authorized Signatory
- Authorization for Payroll Deduction
- List of Trades/Craft – Contractor Subcontractor Contact List
- Public Works Contract Award Information (DAS 140)
- Request for Dispatch of an Apprentice (DAS 142)
- Training Fund Contribution (CAC2)
- Fringe Benefit Statement
- Statement of Compliance
- Public Works Payroll Reporting Form
- Statement of Non-Performance
- Monthly Employment Report
- Monthly Invoicing Report
- Final Summary Report



AUTHORIZED SIGNATORY

Project Name: _____
 Bid Number: _____
 Company: _____
 Address: _____
 City, State, Zip: _____
 Date: _____

Labor Compliance Unit
 Equal Opportunity Contracting Program
 City of San Diego
 1010 Second Avenue, Suite 1400
 San Diego, CA 92101

This correspondence is to affirm that the person(s) identified below have the authority under penalty of perjury to so affirm, that the records are originals or are full, true, and correct copies of the original and depict truly, fully and correctly, the craft or type of work performed, hours and days worked, and the amounts by category listed, disbursed by way of cash, check, or in whatever form or manner to each person by job classification and/or skill pursuant to a public works contract. **To affirm signatory authorization, or to delegate signatory authorization, the person identified below must be owners or officers of the company. If delegating signatory authorization, both names must appear and remain current.**

(1)

(2)

 Print Name of Authorized Signatory Owner/Officer

 Print Name of Approved Authorized Signatory

 Signature of Authorized Signatory

 Signature of Authorized Signatory

 Title of Authorized Signatory

 Title of Authorized Signatory

If authorization changes resubmit form with original signature



AUTHORIZATION FOR PAYROLL DEDUCTION

Project Name: _____

Bid Number: _____

Employee Name: _____

I hereby authorize, _____
(Name of Company)

to deduct the following from my payroll check:

Amount of deduction: _____

Start of deduction: _____

Frequency of deduction: _____

Termination of deduction: _____

Reason(s) for deduction:

Employee's Signature

Date





List of Trades/Crafts Contractor Subcontractor Contact

As the awarded contractor, you are required to submit to the City's Equal Opportunity Contracting Program:

- 1) List of crafts and/or trades for work to be performed by your firm and each subcontractor, vendor or supplier.
- 2) The name, contact person, business address, telephone and fax number (including area code), and e-mail address for the prime contractor, each subcontractor, vendor or supplier along with the specific dollar amount of each subcontract. If different from the specified business address, provide address and telephone number of the facility where payroll records are located and maintained.

NOTE: You must list all subcontractors, vendors, and suppliers, regardless of dollar amount. Submit the item(s) with the initial submission of required documentation.

Project Title/Bid Number: _____

PRIME CONTRACTOR:		<i>Telephone:</i>	<i>Fax:</i>
<i>Address:</i>		<i>Anticipated Start Date:</i>	
<i>Contact Person:</i>		<i>Email:</i>	
LIST OF TRADES AND/OR CRAFTS			
TRADE/CRAFT	CLASSIFICATION	DETERMINATION NUMBER	

<i>Subcontractor/Supplier/Vender Name:</i>		<i>Telephone:</i>	<i>Fax:</i>
<i>Address:</i>		<i>Anticipated Start Date:</i>	
<i>Contact Person:</i>		<i>Email:</i>	
LIST OF TRADES AND/OR CRAFTS			
TRADE/CRAFT	CLASSIFICATION	DETERMINATION NUMBER	

PUBLIC WORKS CONTRACT AWARD INFORMATION

Contract award information must be sent to your Apprenticeship Committee if you are approved to train. If you are not approved to train, you must send the information (which may be this form) to ALL applicable Apprenticeship Committees in your craft or trade in the area of the site of the public work. Go to: <http://www.dir.ca.gov/das/PublicWorksForms.htm> for information about programs in your area and trade. You may also consult your local Division of Apprenticeship Standards (DAS) office whose telephone number may be found in your local directory under California, State of, Industrial Relations, Division of Apprenticeship Standards.

Do not send this form to the Division of Apprenticeship Standards.

NAME OF YOUR COMPANY	CONTRACTOR'S STATE LICENSE NO
MAILING ADDRESS- NUMBER & STREET, CITY, ZIP CODE	AREA CODE & TELEPHONE NO.
NAME & ADDRESS OF PUBLIC WORKS PROJECT	DATE YOUR CONTRACT EXECUTED
	DATE OF EXPECTED OR ACTUAL START OF PROJECT
NAME & ADDRESS OF PUBLIC AGENCY AWARING CONTRACT	ESTIMATED NUMBER OF JOURNEYMEN HOURS
	OCCUPATION OF APPRENTICE
THIS FORM IS BEING SENT TO: (NAME & ADDRESS OF APPRENTICESHIP PROGRAM(S))	ESTIMATED NUMBER OF APPRENTICE HOURS
	APPROXIMATE DATES TO BE EMPLOYED

This is not a request for dispatch of apprentices.

Contractors must make a separate request for actual dispatch, in accordance with Section 230.1(a) California Code of Regulations

Check One Of The Boxes Below

1. We are already approved to train apprentices by the _____
 Apprenticeship Committee. We will employ and train under their Standards. Enter name of the Committee
2. We will comply with the standards of _____
 Apprenticeship Committee for the duration of this job only. Enter name of the Committee
3. We will employ and train apprentices in accordance with the California Apprenticeship Council regulations, including § 230.1 (c) which requires that apprentices employed on public projects can only be assigned to perform work of the craft or trade to which the apprentice is registered and that the apprentices must at all times work with or under the direct supervision of journeyman/men.

Signature _____ Date _____

Typed Name _____

Title _____

State of California - Department of Industrial Relations DIVISION
 OF APPRENTICESHIP STANDARDS



REQUEST FOR DISPATCH OF AN APPRENTICE – DAS 142 FORM

DO NOT SEND THIS FORM TO DAS

You may use this form to request dispatch of an apprentice from the Apprenticeship Committee in the craft or trade in the area of the public work. Go to: <http://www.dir.ca.gov/DAS/PublicWorksForms.htm> for information about programs in your area and trade. You may also consult your local Division Apprenticeship Standards (DAS) office whose telephone number may be found in your local directory under California, State of, Industrial Relations, Division of Apprenticeship Standards. **Except for projects with less than 40 hours of journeyman work, you must request and employ apprentices in no less than 8 hour increments.**

Date: _____	Contractor Requesting Dispatch:
To Applicable Apprenticeship Committee:	Name: _____
Name: _____	Address: _____
Address: _____	_____
Tel. No. _____ Fax No. _____	License No. _____
	Tel. No. _____ Fax No. _____

Project Information:

Contract No. _____

Name of the Project: _____

Address: _____

Dispatch Request Information:

Number of Apprentice(s) Needed: _____ **Craft or Trade:** _____

Date Apprentice(s) to Report: _____ (72 hrs. notice required) **Time to Report:** _____

Name of Person to Report to: _____

Address to Report to: _____

*You may use this form to make your written request for the dispatch of an apprentice. Requests for dispatch must be in writing and submitted at least 72 hours in advance (excluding weekends and holidays) via first class mail, fax or email. **Proof of submission may be required.** Please take note of California Code of Regulations, Title 8, § 230.1 (a) for all applicable requirements regarding apprenticeship requests and/or visit <http://www.dir.ca.gov/DAS/DASApprenticesOnPublicWorksSummaryOfRequirements.htm>*

DAS 142 (Revised 12/11)



State of California
Department of Industrial Relations
California Apprenticeship Council
P.O. Box 101325
Pasadena, CA 91189-0005

TRAINING FUND CONTRIBUTIONS

Please use a separate form for each jobsite, listing the occupations for the jobsite. One check payable to the California Apprenticeship Council may be submitted for all jobsites and/or occupations. Training fund contributions are not accepted by the California Apprenticeship Council for federal public works projects, unless the project is administered by a public agency or for non-apprenticeable occupations such as utility technicians, lead abatement worker, etc.

California Apprenticeship Council

****Training Fund Contributions are due on the 15th of each month****

PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. ALL FIELDS MUST BE FILLED IN TO ENSURE SUCCESSFUL SUBMISSION AND PROCESS OF PAYMENT.

NAME AND ADDRESS OF CONTRACTOR/SUB CONTRACTOR MAKING CONTRIBUTION		CONTRACTOR'S LICENSE NUMBER		
		CONTRACT OR PROJECT NUMBER		
		JOBSITE LOCATION (INCLUDE COUNTY) IF APPLICABLE - GIVE NAME OF SCHOOL, HOSPITAL, BUILDING, etc.		
NAME AND ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT		PERIOD COVERED BY CONTRIBUTION (FROM - TO)		
CLASSIFICATIONS OF WORKERS (CARPENTER, PLUMBER, ELECTRICIAN, ETC.)	COUNTY WORK PERFORMED IN	ALL HOURS	CONTRIBUTION RATE PER HOUR	AMOUNT
				TOTAL
IF APPRENTICES WERE EMPLOYED, PLEASE LIST THE APPRENTICESHIP PROGRAM AND NUMBER OF APPRENTICE HOURS WORKED				
TYPE OR PRINT YOUR NAME AND TITLE			DATE	
EMAIL			AREA CODE & TELEPHONE NUMBER	



FRINGE BENEFIT STATEMENT

Contract Bid # and W/O#:	Contract Name and Location:	Today's Date:
Contractor/Subcontractor Name:		Business Address and Telephone:

In order that the proper Fringe Benefit rates can be verified when checking payrolls on the above contract, the hourly rates for fringe benefits, subsistence and/or travel allowance payment made for employees on the various classes of work are tabulated below.

Classification:		Effective Date:	Subsistence or Travel Pay: \$ _____
Determination Number:		Determination Expires:	
FRINGE BENEFITS	Health & Welfare	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Pension	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Vacation/ Holiday	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Training and/or Other	\$ _____	PAID TO: Name: _____ Address/Phone: _____

Classification:		Effective Date:	Subsistence or Travel Pay: \$ _____
Determination Number:		Determination Expires:	
FRINGE BENEFITS	Health & Welfare	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Pension	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Vacation/ Holiday	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Training and/or Other	\$ _____	PAID TO: Name: _____ Address/Phone: _____

Classification:		Effective Date:	Subsistence or Travel Pay: \$ _____
Determination Number:		Determination Expires:	
FRINGE BENEFITS	Health & Welfare	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Pension	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Vacation/ Holiday	\$ _____	PAID TO: Name: _____ Address/Phone: _____
	Training and/or Other	\$ _____	PAID TO: Name: _____ Address/Phone: _____

Revised statements must be submitted during the progress of work should a change in rate of any of the classifications be made.

Submitted By: Name/Title (Please Print)	Signature:
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STATEMENT OF COMPLIANCE

Date _____

Payroll Number _____

Bid No. _____

I, _____ do hereby certify under penalty of perjury:
 (Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by _____ on
 (Contractor or Subcontractor)

_____, that during the payroll commencing on the ____ day of _____,
 (Project Title)

20____ and ending the ____ day of _____, 20____, all persons employed on said project have been paid their 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
 (Contractor or Subcontractor)

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
 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
 contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classification set forth therein
 for each laborer or mechanic conform with the work he or she performed.

(3) That any apprentices employed in the above period are duly registered in a bonafide apprenticeship program registered with a State apprenticeship agency.

(4) That:

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

G 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

G 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
REMARKS:	
NAME AND TITLE	SIGNATURE

On Federally funded projects, permissible deductions are 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).
 Also, the willful 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).

Non-Performance Payroll Report
(Statement of Non-Performance)

Date: _____ Payroll # _____

Contractor Name: _____

I _____ do hereby state that no person(s) were employed on the
(Name of Signatory Party)

construction of _____ Bid No: _____
(Project Title)

during the payroll period commencing on the _____ day of _____, 20 _____,

and ending on the _____ day of _____, 20 _____.

Signature of Authorized Representative

Title





Monthly Employment Report

Contractor: _____ Employer I.D. No. _____
 Project Title: _____ Work Order No. _____
 Reporting Period: From: _____ To: _____ Bid Number _____

Employee List		Employee Address (City, State Zip ONLY)	Female or Male	1 Ethnic Symbol	Craft	2 Employee Source	Number of Hours Worked
Last Name, First Name, Middle Initial	Last 4 SSN						
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

1 Ethnic Symbol	
Asian, Pacific Islander	AP
Black, African American	BL
White, Caucasian	CA
Filipino	FI
Hispanic, Latino, Mexican American, Puerto Rican	HS
Native American, American Indian, Eskimo	NA
Other Race/Ethnicity Not Listed above	OT

2 Employee Source	
Apprenticeship Program	A
Employment Agency	E
Training Program	T
Union Hiring Hall	U
Other	O

I certify under penalty of perjury that the foregoing information is true and correct:

Authorized Signature

Printed Name/ Title

Date Prepared



Final Summary Report

City of San Diego
EQUAL OPPORTUNITY CONTRACTING PROGRAM
1010 Second Avenue, Suite 1400 – San Diego, CA 92101
(619) 533-4491, FAX: (619) 533-3633

Project Title: _____ Bid No: _____ Contact Name: _____
Contractor: _____ Address: _____

The objective of the *Equal Employment Opportunity Contracting Program*, San Diego Municipal Code Sections 22.3501 through 22.3517, is to ensure that contractors doing business with the City, or receiving funds from the City, do not engage in unlawful discriminatory employment practices prohibited by State and Federal law.

Additionally, San Diego Municipal Code Sections 22.2701 through 22.2707 requires all prime contractors doing business with the City, and their subcontractors, to comply with the City's Equal Employment Opportunity Outreach Programs. The Contractor shall maintain records of all subcontracts entered into with all firms, all project invoices received from subcontractors, vendors/suppliers, all purchases of materials and services from vendors/suppliers, and all joint venture participation. Records shall show name, telephone number including area code, and business address of each subcontractor, vendor/supplier, and joint venture partner, and the total amount actually paid to each firm.

These records maintained shall be consolidated into a Final Summary Report, certified as correct by an authorized representative of the Prime Contractor, and submitted to the Engineer and the EOC Program Manager at 1010 Second Ave., Suite 1400, San Diego, CA 92101, thirty (30) days prior to completion. A Notice of Completion and Acceptance will not be filed by the City until after its review of the Final Summary Report.

Form to be returned to: _____
(Field Engineer)

Subcontractor/Supplier/Trucker Name, Address, Telephone	Certification Type*	Description of Work	Contractor (C) Vendor (V) Supplier (S) Trucker (T)	Joint Venture Partner Y/N	Original Dollar Amount in Bid	Final Dollar Amount	Reasons for Discrepancy (Change Order No. & \$)

*DBE, DVBE, MBE, WBE, ELBE, SLBE, OBE, WoSB, HUBZone, or SDVOSB
The above listed Final Summary Report is complete and certified as correct by:

Signature (Authorized by Representative of the Contractor) _____ Print Name and Title _____ Telephone Number _____ Date _____
FINAL SUMMARY REPORT – CC15 Rev. December 2013



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