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S = STRAIGHT TIME

SDI = STATE DISABILITY INSURANCE

O = OVERTIME

PUBLIC WORKS PAYROLL REPORTING FORM

Page _____ of _____

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$ \left \begin{array}{c c c c c c c c c c c c c c c c c c c $		PAYROLL NO.:			FOR WEEK ENDING:				SELF-INSURED CERTIFICATE NO.:				PRO	PROJECT OR CONTRACT NO.:						
MB1 M			(4)		DAY		(5)	(6)	WORKERS' COMPENSATIO		ON POLICY NO.:				PROJECT AND LOCATION:					
	(1) (2)	(3)		M T W	TH F	H F S S			(7)					(8)	(8)				(9)	
$ \left $	NAME, ADDRESS AND	WORK CLASSIFICATION			DATE			RATE			DEDUCTIONS, CONTRIBUTIONS AND PAYM					ENTS		PAID FOR		
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NOTICE TO PUBLIC ENTITY

For Privacy Considerations

Fold back along dotted line prior to copying	for release to general public (private persons).
(Paper Size then 8-1/2 x 11 inches)	
I,	, the undersigned, am the
(Name – print)	
	with the authority to act for and on behalf of
(Position in business)	
	, certify under penalty of perjury
(Name of business and/or contractor)	
that the records or copies thereof submitted and	consisting of
	(Description, number of pages)
are the originals or true, full, and correct copies	of the originals which depict the payroll record(s)
of the actual disbursements by way of cash, chee	ck, or whatever form to the individual or
individuals named.	
Date:	Signature:

A public entity may require a stricter and/or more extensive form of certification.