

**LIVING WAGE ORDINANCE ANNUAL  
CONTRACTOR COMPLIANCE REPORT**  
REQUIRED BY SAN DIEGO MUNICIPAL CODE §22.4225(d)

**Firm Name:** \_\_\_\_\_ **Reporting Period:** \_\_\_\_\_

**Contract Name:** \_\_\_\_\_ **Contract Number:** \_\_\_\_\_

What is the total number of service workers employed by your firm? (Include those covered and not covered by LWO) \_\_\_\_\_ Total service workers

How many of your firm's workers are covered by the LWO and paid LWO rates? (Attach a list of covered employee's name, address, phone number, date of hire, and job classification) \_\_\_\_\_ Full-time workers  
\_\_\_\_\_ Part-time workers

Approximately how many total hours each week are worked on LWO contracts? \_\_\_\_\_ Full-time workers  
\_\_\_\_\_ Part-time workers

How does your firm pay LWO covered employees' health benefits?  
☐ Full cash wage  
☐ Cash wage + health benefits  
☐ Employee's choice

☐ Does your firm offer a health plan to LWO covered employees?  
☐ Yes  
☐ No

If a health plan is offered, how many LWO covered employees receive benefits? \_\_\_\_\_ LWO workers

If a health plan is offered, what is the hourly premium cost?  
[Note: Hourly cost = monthly premium cost ÷ hours worked per month]  
(Attach health plan information verifying cost and amount paid for health benefits) \$\_\_\_\_\_ hourly premium cost

Firm must provide each covered employee a minimum of eighty hours per year of compensated leave. Compensated leave must vest as accrued, in accordance with applicable state law and covered employer policies. Part-time employees must accrue compensated leave at a rate proportional to full-time employees. Does your firm comply with this requirement?  
☐ Yes  
☐ No

If requested, a firm must provide LWO covered employees with up to 10 unpaid leave LWO workers days (80 hours) off per year. How many workers, if any, received unpaid hours off in this period? \_\_\_\_\_ LWO workers

Does your firm use subcontractors on LWO contracts? (Yes, complete section B)  
☐ Yes  
☐ No

Do you need additional assistance in understanding your firm's LWO obligations?  
☐ Yes, please contact me.  
☐ No, I fully understand

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A. CONTRACTOR INFORMATION	
Firm Name:	
Mailing Address:	
Contact Name:	
Contact Phone:	
Contact Email:	

B. SUB- CONTRACTOR INFORMATION- A prime contractor is also responsible for ensuring compliance with the requirements of the LWO and submittal of required documents by all subcontractors.	
Firm Name:	
Mailing Address:	
Contact Name:	
Contact Phone:	
Contact Email:	

Firm Name:	
Mailing Address:	
Contact Name:	
Contact Phone:	
Contact Email:	

Firm Name:	
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Contact Name:	
Contact Phone:	
Contact Email:	

Firm Name:	
Mailing Address:	
Contact Name:	
Contact Phone:	
Contact Email:	

**CONTRACTOR CERTIFICATION**

By signing, the contractor certifies under Penalty of Perjury under laws of the State of California that information submitted is true and correct to the best of the contractor's knowledge.

\_\_\_\_\_  
 Name of Signatory

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title of Signatory

\_\_\_\_\_  
 Date