



Office of Financial Services
Purchasing Department

PO. Box 38
Oakdale, New York 11769-0901
(631) 563-0334
Fax: (631) 589-5268

New York State Law requires you to keep detailed payroll records for each person employed on public work including name, address, telephone number, Social Security number, occupational classification in which worked, hourly wage rate paid, supplements provided, daily and weekly number of hours worked in each classification, deductions made, and actual wages paid.

Further, the law requires that "Every contractor and subcontractor submit to the Department of Jurisdiction (SCWA) a transcript of the original payroll records, subscribed and affirmed as true under penalty of perjury."

Certified payroll records are to be submitted with every invoice as a requirement for payment. Certified payroll records should reference their corresponding invoice number and contract number.

Please submit all certified payrolls for this contract utilizing the attached forms, which are in Word and can be completed electronically and then printed for submission, as designated by the New York State Department of Labor.

Completed / Notarized Forms should be mailed to:

**Suffolk County Water Authority
P. O. Box 38
Oakdale, NY 11769
Attn. Purchasing Department**

Invoices will not be processed unless the completed forms are submitted in accordance with these guidelines.

This certification must be completed on each weekly payroll form used by the contractor of subcontractor

Date _____

_____, _____, do hereby state: (1) That I pay or supervise the payment of the persons employed by _____, _____, that during the payroll period commencing on the _____ day of _____ 2008, and ending the _____ day of _____ 2008, all persons employed on said project have been paid the full weekly wages earned, that no rebate have been or will be made either directly or indirectly to or on behalf of said _____ from the full weekly wages earned by any person _____

(Contractor or Subcontractor)

and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions in Articles 8 and 9 and described below.

(2) That any payrolls submitted for the above period are correct and complete; that the wage rates for laborers, workers, or mechanics contained therein are not less than the classifications set forth therein for each laborer, worker, or mechanic and conform with the work he/she performed.

(3) That any apprentice employed in the above period are duly enrolled in a bona fide apprentice program registered with the State of New York Apprenticeship Training Bureau.

(4) (a) **Where fringe benefits are paid in cash:** Each laborer, worker, 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 rate plus the amount of the required fringe benefits as listed in the contract.

(b) **Where fringe benefits are paid to approved plans, funds, or programs:** In addition to the basic hourly wage rates paid to each laborer, worker, 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.

Name of Worker	Trade	Hrs. worked	Hourly Benefits							Total / Hr. Benefits	Total benefits
			Medical	Dental	Annuity	Pension	Life Insurance	Other	Other		
Signature											

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution see Article 8 and 9 of the Labor Law



STATE OF NEW YORK
DEPARTMENT OF LABOR
BUREAU OF PUBLIC WORK

CERTIFICATION OF OFFICER OF CONTRACTOR OR SUBCONTRACTOR

I, _____, am an officer with the title
NAME OF OFFICER
of _____ in the firm of _____ and am
authorized by that firm to sign and swear to the validity and accuracy of the statements below:

(1) I pay or supervise the payment of laborers, workers and mechanics employed by

_____ on _____ the
project. During the payroll period commencing on the _____ day of _____ 20____ and
ending the _____ day of _____ 20____, all laborers, workers and mechanics employed on said
project were paid the wages and supplements recorded as earned on the attached payroll records. No
deductions have been made either directly or indirectly from the wages and supplements other than
deductions shown on the payroll records.

(2) The payroll records submitted for the above period and attached hereto are correct and
complete. The number of hours shown for each employee reflects the actual hours worked by that employee.
The classification shown for each employee is accurate and conforms with the work he or she performed.

Signed _____

Title of Officer _____

Name of Firm _____

Address _____

Sworn to before me this

_____ day of _____ 20

NOTARY PUBLIC OR OFFICIAL AUTHORIZED TO ADMINISTER OATHS

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE
SIGNATURE OF THIS CERTIFICATION AND CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR
CRIMINAL PROSECUTION
