



STATE OF NEVADA DEPARTMENT OF TRANSPORTATION
 CONTRACT COMPLIANCE DIVISION 1263 S. STEWART ST. CARSON CITY NV 89712
 (775) 888-7497 Fax: (775) 888-7235

NDOT Contract Number: _____

Payrolls are to be submitted to the NDOT Resident Engineer

Weekly Wage and Hour Report of Public Work Contractors for the Payroll Period Ending _____, 20____
 Month and Day Year

CONTRACTOR _____
 Business Name Business Address City, State and Zip Code

Prime Contractor Name: _____ Regular Weekly Report Final Report for Project

The contractor/employer shall keep or cause to be kept an accurate record showing the information indicated on this form and all other information necessary to verify the correct daily and weekly hours, rate of pay, payment of wages, contributions to a bona fide benefit fund, plan or program, deductions and so forth for each workman employed in connection with the public work. The contractor/employer shall provide two copies of each certified weekly payroll report and statement of compliance to the NDOT resident engineer within seven days after the end of each weekly reporting period. A separate report is required for each contract. Until a final certified payroll report is submitted nonperformance reports are required for weeks in which no work is performed .

REPORT HOURS FOR ABOVE REFERENCED PUBLIC WORKS CONTRACT ONLY

Name, Address, and Ethnic Code of Employees	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Work Classification	Z O N E	Day and Date							Total Contract Hours	Hourly Rate	Job Gross	Employer Paid Fringe Benefits Hourly Rate					Payroll Deductions					Net Weekly Pay	
				S	M	T	W	T	F	S			Weekly Gross	Health and Welfare	Pension	Vacation	Appr. Training	Other	FICA	Withholding tax	Other	Other	Other		Total Deductions
	M <input type="checkbox"/> F <input type="checkbox"/>			O.T.																					
	M <input type="checkbox"/> F <input type="checkbox"/>			S.T.																					
	M <input type="checkbox"/> F <input type="checkbox"/>			O.T.																					
	M <input type="checkbox"/> F <input type="checkbox"/>			S.T.																					
	M <input type="checkbox"/> F <input type="checkbox"/>			O.T.																					
	M <input type="checkbox"/> F <input type="checkbox"/>			S.T.																					
	M <input type="checkbox"/> F <input type="checkbox"/>			O.T.																					
	M <input type="checkbox"/> F <input type="checkbox"/>			S.T.																					

(Complete a Statement of Compliance and submit with each weekly payroll)