



**CERTIFIED PAYROLL**  
 Alaska Department of Labor &  
 Workforce Development  
 Labor Standards & Safety  
 Division  
 Wage & Hour Administration

Contractor Name:  Contractor  Subcontractor

Address:

Phone

Contractor License Number

Week Ending:

Payroll No.

Contracting Agency Project #

Project Name and Location

Date Your Work Started:

Your Est. Completion Date:

Amount of Your Contract:

Dept. of Labor Project #:

1. Name of Employee  
 2. Permanent Domicile Address  
 (NO P.O. BOX or RURAL ROUTES ACCEPTED)  
 3. Mailing Address (if different from #2)  
  
**Social Security Numbers MUST be included**

**Specific Work Class Code\*** Including certificate numbers for Electricians, Plumbers, Painters, Powdermen, Asbestos Workers. Truck drivers include truck license number.

**DAYS OF WORK WEEK**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**DATE OF THE MONTH**

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**Total Hours**

**Hourly Rate Paid**

**Gross Earnings**

**Total Deductions**

**Net Amount Paid**

**Check # Issued**

1.

Classification Code

W

|       |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Hours | ST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Employee Name

Classification

E

|       |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Hours | OT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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SSN:

Cert. of Fitness #

K

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| Hours | FB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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2.

Truck License # (if applicable)

1

**DATE OF THE MONTH**

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3.

Union:

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Apprentice % (if applicable)

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| Hours | OT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Hours | FB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1.

Classification Code

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**DATE OF THE MONTH**

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Employee Name

Classification

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| Hours | ST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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SSN:

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| Hours | OT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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2.

Truck License # (if applicable)

1

**DATE OF THE MONTH**

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Union:

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| Hours | ST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Apprentice % (if applicable)

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| Hours | OT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Hours | FB |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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2

# STATEMENT OF COMPLIANCE

## CERTIFIED PAYROLL FORM 07-6058

**Contractors & Subcontractors Please Note!!!**

**SSN MUST be listed for each employee on payroll**

8 AAC 30.020 CERTIFIED PAYROLL. (a) All Contractors (including owner/operators) who perform work on a public construction contract for the state or political subdivision of the state shall file with the Department a certified payroll (Form 07-6058) before Friday of every second week that covers the preceding two weeks.

(b) The certified payroll shall be submitted to the Department's regional office in which the work is performed.

Region I,  
North of N63°

Labor Standards & Safety Div, DOLWD  
675 7th Ave., Station J-1  
Fairbanks, AK 99701-4593  
(907) 451-2886

Region II,  
South of N63°

Labor Standards & Safety Div, DOLWD  
1251 Muldoon Road, Suite 113  
Anchorage, AK 99504  
(907) 269-4900

Region IIA, Southeast Alaska,  
(From Yakutat south)

Labor Standards & Safety, DOLWD  
P. O. Box 111149  
1111 W. 8th Street, Rm 302  
Juneau, AK 99811-1149  
(907) 465-4842

In lieu of submitting Form 07-6058, contractors may submit his/her payroll form. **THE FORM MUST CONTAIN SOCIAL SECURITY NUMBERS FOR EACH EMPLOYEE.**

The contractor's payroll record must contain the same information required on this form.

Sec. 35.05.040 requires that all contractors or subcontractors who perform work on a public construction contract for the state or a political subdivision of the state shall, **BEFORE FRIDAY OF EVERY SECOND WEEK**, file with the Department of Labor and Workforce Development (DOLWD), a sworn affidavit for the previous two weeks, setting out in detail the number of workers employed, wages paid each week, job classification of each employee, hours worked each day and week, and other information which the DOLWD requires.

**CONTRACTORS WHO DISREGARD THEIR OBLIGATIONS TO THEIR EMPLOYEES, INCLUDING PAYMENT OF THE APPROPRIATE PREVAILING RATES OF PAY, UNCONDITIONAL PAYMENT, AND PAYMENT NOT LESS THAN ONCE A WEEK MAY BE DEBARRED FROM PUBLIC CONSTRUCTION.**

Date: \_\_\_\_\_

I, \_\_\_\_\_ do hereby state  
(Name of Signatory Party) (Title)

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

\_\_\_\_\_ ; that during the payroll  
(Building or Work)

period commencing on \_\_\_\_\_, and ending on \_\_\_\_\_  
(date)

\_\_\_\_\_, all persons employed on said project have  
(date)

been paid full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_  
(Contractor / Subcontractor)

from the full weekly wages earned by an person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions, on projects covered by Alaska Statute 36 as defined in regulations issued by the Commissioner of Labor; or on Federal Projects as 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 USC 276 (c), and described below:

\_\_\_\_\_

and;

(2) That \_\_\_\_\_  
(Contractor / Subcontractor)

is in full compliance with the provisions set forth in AS 36.10, which requires employment preference for Alaska residents as outlined in AS 36.95.010; and

(3) 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, mechanics or field surveyors contained herein are not less than the current applicable wage rates established by the DOLWD; that the classification set forth therein for each laborer, mechanic or field surveyor conforms with the work performed; and

(4) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such agency exists in the State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor; or

(5) That I am a bona fide owner/operator and that my contract amount meets or exceeds the prevailing wage for each hour I have worked. My last progress payment was received on \_\_\_\_\_ For \_\_\_\_\_

(6) That where fringe benefits are paid to approved plans, funds or programs: (check all applicable items)

(a) In addition to the basic hourly wage rates paid to each laborer, mechanic or field surveyor listed on this payroll, payments of fringe benefits as currently published by DOLWD have been or will be made to a union trust.

(b) In addition to the basic hourly wage rates paid to each laborer, mechanic or field surveyor listed on this payroll, payments of fringe benefits as currently published by DOLWD have been or will be made to the appropriate programs for the benefit of such workers, except as noted in Section 6(d) below. Fringe benefit payments will be made at least monthly to an approved plan. The name of the plan is:

\_\_\_\_\_

(c) Each laborer, mechanic or field surveyor listed on this 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 currently published by DOLWD, except as noted in Section 6(d).

(d) Exceptions:

| Exception (Craft) | Explanation |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |
| Remarks:          |             |

The willful falsification of any of the above information may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of the United States Code. Also see AS 36.05.060.

\_\_\_\_\_

**Signature (original signature required)**

\_\_\_\_\_

**Name & Title (print or type)**