## STATE OF NEVADA



## OFFICE OF THE LABOR COMMISSIONER

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WEEKLY WAGE A	AND HOUR REPORT OF PUBLIC WO	JRK CONTRACTORS FOR THE PAYRO	LL PERIOD ENDING:	,	
			N	Nonth and Day Year	
showing the name and the actual p	per diem, wages and benefits paid to e		ction with the public work. The co	tractor shall keep or cause to be kept an accur ntractor or subcontractor shall ensure that a c	
Report #	Regular Weekly Report	☐ Final Report for Project	Bid/Project #	PWP-	,
Project Title	·	Public Body Aw	varding Contract	·	
Prime Contractor Name & Addres	SS	·		License #	
Subcontractor Name & Address				License #	
Subcontractor Name & Address				License #	

Report Hours for Above Referenced Public Works Project Only (\*S = Standard Hours, O = Overtime Hours, D = Double Time Hours)

Employee Name & State/Jurisdiction that issued Identification	Work Classification	Hours Worked by Day								<b>T.</b>		Hourly Bona Fide Fringe Benefit Contribution											
				*	S	М	Т	W	Т	F	S	Total Hours for Week	Hourly Rate of Pay	H & W	Pen.	Vac.	App. Trg	Other	Gross Amount Earned for	Net Wage Paid			
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OLC Rev. 3.13.2025

	Work Classification	Hours Worked by Day								<b>.</b>	I	Hourly Fringe Benefit Contribution					Cross			
Employee Name		*	S	М	Т	W	Т	F	S	Total Hours for Week	Hourly Rate of Pay	H & W	Pen.	Vac.	App. Trg	Other	Gross Amount Earned for Week	Net Wage Paid For Week		
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## STATE OF NEVADA Office of the Labor Commissioner STATEMENT OF COMPLIANCE

In compliance with the provisions of Chapters 338 of NRS and NAC, respectively, I, as an officer, owner, or director of the undersigned contractor/subcontractor, hereby certify that this report is a true and accurate statement of the worker(s) per diem, wages, and benefits employed on this Public Works Project contract by the undersigned contractor/subcontractor for the following payroll period:

		. t	0			
	Month and Day	Year	Month and Day	Year		
I further certify	/:					
2. Th			arned by any person so listed other than fide apprenticeship program.	those permissible or required by law.		
			a Collective Bargaining Agreement (CB, employee by the contractor or subcont		bona fide fringe benefits and/o	r contributions have or will be
			ollective Bargaining Agreement (CBA) actor and the bona fide fringe benefit a			na fide fringe benefits listed no
	☐Each employee listed	has been paid the require	d applicable wages per hour with no bo	na fide fringe benefit contributions paid	d by the contractor.	
☐Prime Co ☐Subcont						
	Contractor Name:		Addre	ss:		
	Telephone:		Fax:			
	PRINTED NAM	E/TITLE	SIGNATURE	DATE		

## NRS 338.070:

- 4. The contractor and each subcontractor shall keep or cause to be kept an accurate record showing the name and the actual per diem, wages and benefits paid to each workman employed by him in connection with the public work.
- 5. The record must be open at all reasonable hours to the inspection of the public body awarding the contract, and its officers and agents. The contractor or subcontractor shall ensure that a copy of the record for each calendar month is received by the public body awarding the contract no later than 15 days after the end of the month. The copy must be open to public inspection as provided in NRS 239.010. The record in the possession of the public body awarding the contract may be discarded by the public body 2 years after final payment is made by the public body for the public work.
- 6. Any contractor or subcontractor, or agent or representative thereof, performing work for a public work who neglects to comply with the provisions of this section is guilty of a misdemeanor.

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