

OFFICE OF THE LABOR COMMISSIONER www.labor.nv.gov

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Report #	☐Regular Weekly	Repo	rt					Final	Repo	ort for Proje	ect E	Bid/Projec	t #			PW	P	
Project TitlePrime Contractor Name	e & Address									Public	Body Award	ling Contr	act				License #	
☐Subcontractor Name &	Address					4.11					15 11: 14						License #	
						ked By		or Ab	ove	Reference	d Public W		y Bona Fid		nefit Contrib	oution		1
Employee Name & State/Jurisdiction that issu Identification	Work ed Classification		S	M		Ť	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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Employee Name	Work Classification	Hours Worked By Day								T		Hourly 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 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	s 338 of NRS and NAC, respectively, I, \imath	as an officer, owner or director of the	e undersigned contractor/subcontractor,	hereby certify that this report is a true and
accurate statement of the worker(s) per diem				

I further certify:

1. That no deductions have been made from the wages earned by any person so listed other than those permissible or required by law.

Month and Day

to

- 2. That any apprentice listed herein is registered in a bona fide apprenticeship program.
- 3. Check all that apply:

Month and Day

The contractor or subcontractor is signatory to a Collective Bargaining Agreement (CBA) with some or all of its employees and bona fide fringe benefits and/or contributions have or will be made not less than monthly in the name of the employee by the contractor or subcontractor as provided for in the CBA.

Year

Each employee listed that is not covered by a Collective Bargaining Agreement (CBA) has been paid the required applicable wages, plus the amount of bona fide fringe benefits listed not less than monthly by the contractor or subcontractor and the bona fide fringe benefit amounts have been annualized by the contractor or subcontractor.

Each employee listed has been paid the required applicable wages per hour with no bona fide fringe benefit contributions paid by the contractor.

Prime Contractor Subcontractor

Contractor Name:	Address:		
Telephone:	Fax:		
PRINTED NAME/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.