

WEEKLY PAYROLL REPORT FORM

Company Name: _____

Prime Contractor

Subcontractor

Ethnic Codes

Project Name: _____

(If subcontractor, list Prime Contractor Name here)

- 1) Caucasian
- 2) Black
- 3) Hispanic
- 4) Asian
- 5) Other

MPA Contract No.: _____

Employer Signature: _____

Work Week Ending: _____

Print Name and Title: _____

Final Report

Employee Name and Address	Work Classification	Hours Worked							(A) Tot. Hrs.	(B) Hourly Base Wage	Employer Contributions			(F) [B+C+D+E] Hourly Total Wage (prev. wage)	(G) (A*F) Weekly Total Amount
		S	M	T	W	T	F	S			(C) Health & Welfare	(D) Pension	(E) Supp. Unemp.		
		S													
		O T													
		S													
		O T													
		S													
		O T													
		S													
		O T													
		S													
		O T													
		S													
		O T													

NOTE: Every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority.