



CITY OF SAN JOSÉ PAYROLL REPORTING FORM

NAME OF CONTRACTOR OR SUBCONTRACTOR		CONTRACTOR'S LICENSE#	ADDRESS
		SPECIALTY LICENSE#	
PAYROLL NO.	FOR WEEK ENDING	SELF-INSURED CERTIFICATE #	PROJECT OR CONTRACT NO.
		WORKERS' COMPENSATION POLICY#	PROJECT AND LOCATION

EMPLOYEE NAME, ADDRESS, SSN	WORK CLASSIFICATION	DAY							TOTAL HOURS	HOURLY RATE OF PAY	GROSS AMOUNT EARNED			DEDUCTIONS – EMPLOYEE PAID (DOES NOT INCLUDE BENEFIT OR OTHER EMPLOYER PAYMENTS)					NET WAGES PAID FOR WEEK	CHECK NO.
		M	T	W	TH	F	S	S												
		DATE																		
		HOURS WORKED EACH DAY																		
	San José Project:	S									SAN JOSÉ PROJECT	TRAVEL & SUBSISTENCE	TOTAL ALL WORK	FED. TAX	FICA (Soc Sec)	STATE TAX	SDI	HEALTH & WEL- FARE		
		O																		
	All Other Work:	S												PENSION	SAVINGS	OTHER*	OTHER*	TOTAL DEDUC- TIONS		
		O																		

S = Straight time
O = Overtime
SDI = State Disability Insurance

NOTE: CERTIFICATION STATEMENT MUST BE COMPLETED AND THE ORIGINAL SIGNED STATEMENT ATTACHED TO THE PAYROLL