

August 19, 2019

Lydia Simrayh
Construction Analyst
Indiana, Illinois, Iowa Foundation for Fair Contracting
6170 Joliet Rd., Suite 200
Countryside, IL 60525

#### VIA EMAIL - Isimrayh@iiiffc.org

Re: FOIA Request dated August 16, 2019 and received August 16, 2019

Subject: Requesting the following information regarding the Fox Chase Elementary School playground project that was awarded to Hacienda Landscape:

1. Please provide a copy of the certified payroll records after June 1st, 2019.

Dear Ms. Simrayh:

This letter will serve as Oswego Community Unit School District 308's response to your August 16, 2019 request under the Freedom of Information Act (5 ILCS 140/1 et seq.), in which you asked for the above referenced information. The information responsive to your request is attached.

To promote district transparency and assist others who may have a similar question, this responsive document will be posted online on the district's website. To access it, go to <a href="https://www.sd308.org">www.sd308.org</a> and select Our District > Freedom of Information Act Request > FOIA Request Responses, then select FOIA ID #19-44.

Please be advised that to comply with your FOIA request, the district incurred an expense that comprised of the cost of labor and resources used to search for records responsive to your request

Please let me know if you have additional questions. Thank you.

Mary Anne Buckley

Freedom of Information Officer

Mary Anne Buckley

# State of Illinois Illinois Department of Labor

#### **Certified Transcript of Payroll**

IDOL Case File Number; H-18-20	19	3		Payr	oll Start:	07/15/20	)19			Payroll End:	07/21/201	9				
			С	ontract	or and/o	r Subco	ntracto	or	<del></del>		Public E	Body Inform	ation			
	HACIEN	۱DA		CAPING II pany Name		M	IARIA GUZ	MAN Contact Na	me)	COMMUNITY UNIT SCHOOL DISTRICT 308 (Public Body Name)				DEBORAH NERVIS (Contact Name)		
(Contract Number)	17840 GF	ROV	E ROAD					MINOOKA		4175 RT 71			OSWEGO			
FOX CHASE ELEMENTARY SCHO (Project Number)	IL				ldress) 815 782 64				City)	IL	(Street Address) IL 60543 (630) 636-3			(City)		
OSWEGO, IL (Project Location)	(State	e)	(Zipe	code)		(Telepi	hone Num	ber)		(State)	(Zipcode)		(Telephone	e Number)		
(* 10)001 200011011)	Re	epa	rt Hour	s for Eac	h Day, I	ncluding	Overtin	ne Hours	, List Hou	rly Prevailing \	Nage Rate	and Hourly I	Fringe Ber	nefits Alloti	ments.	
Worker Name, Address Last Four of SSN & Telephone Number			SUN	MON	Hours wor	rked each o	day THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Gross	/ Period Net	
HERNANDEZ CARLOS	F	PW	0	0	8	8	3	8	0	27		44.10		1190.70	922.75	
		N														
OPERATING ENGINEER	is	Ho	ourly Fring	ge Benefit:	Pensio	on: 13.55	j j	Health	n/Welfare:	16.25	Vacation:	2.00	Trainin	g: 1.65		
MEDRANO FRANCISCO	P	PW.	0	0	8	8	0	8	0	24		46.25		1110.00	892.97	
		N														
Labor Classification CEMENT MASON	3	Нс	ourly Fring	je Benefit:	Pensio	on: 17.54		Health	n/Welfare:	12.00	Vacation:	5.00	Trainin	g: 1.25		
GONZALEZ ALEJANDRO	P	PW	0	0	8	8	3	8	0	27		43.72		1180.44	956.43	
		N														
Labor Classification  LABOR	.9	Hc	ourly Fring	je Benefit:	Pensio	on: 13.61		Health	n/Welfare:	14.99	Vacation:	0.00	Trainin	g: 0.90		

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

# State of Illinois Illinois Department of Labor

### **Certified Transcript of Payroll**

IDOL Case File Number: H-18-20	19	3		Pay	roll Start:	07/15/2	019			Payroll End:	07/21/201	9				
	ou:		C	ontract	tor and/	or Subco	ontract	or			Public E	Body Inform	ation			
	HACIE	NDA		CAPING I		- A	MARIA GUZ			COMMUNITY	INIT SCHOOL D	DISTRICT 308	DEBORAL	1 NERVIS		
(A)	TO I		(Com	pany Nam	(Contact Name)					(Public Body Name)			(Contact Name)			
(Contract Number)	17840 C	GROV	E ROAD			MINOOKA					4175 RT 71			OSWEGO		
FOX CHASE ELEMENTARY SCHO (Project Number)				(Street A	815 782 64 93 (City) (City)						(Street Address)			(City)		
	IL .	-								IL	60543	(630) 636-31				
OSWEGO, IL (Project Location)	(Sta	ate)	(Zip	code)		( i elep	none Nun	iber)		(State)	(Zipcode)		(Telephon	e Number)		
(	R	Repo	rt Hour	s for Ea	ch Day,	Including	Overtii	ne Hour	s, List Hou	ırly Prevailing \	Nage Rate	and Hourly	Fringe Bei	nefits Allot	ments.	
Worker Name, Address Last Four of SSN & Telephone Number			SUN	MON	Hours wo	rked each WED	day THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pa Gross	y Period Net	
MONROY JORGE		PW	0	8	0	0	0	0	0	8		44.10		352.80	292.78	
		N														
Labor Classification		H					1		100					X-22		
OPERATING ENGINEER		Ho	urly Fring	je Benefit	: Pensi	on: 13.5	5	Healt	h/Welfare:	16.25	Vacation:	2.00	Trainin	g: 1.65		
MONROY LUIS A.		PW.	0	8	0	0	0	0	0	8		43.72		349.76	263.58	
		N														
Zapor oracomodacii					Panai	40.04	1	1116	it natelite	44.00	M	0.00	T :-:	0.00		
LABOR		HO	uny Fang	je Benefit	: Pensi	on: 13.6°	1	Healt	h/Welfare:	14.99	Vacation:	0.00	ı raının	ıg: 0.90		
MONROY JUAN C		PW	0	8	0	0	0	0	0	8		43.72		349.76	292.57	
		N														
LABOR Hou			ourly Fring	l je Benefit	: Pensi	on: 13.6	1	Healt	th/Welfare:	14.99	Vacation:	0.00	Trainin	ng: 0.90		

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20	State of Illinois
Z	State of Illinois Illinois Department of Labor

IDOL Case File Number: H-18-20	19	3		Pay	roll Start:	07/15/2	2019			Payroll End:	07/21/201	9				
			C	ontract	or and/	or Subc	ontracto	r	<del></del>		Public I	Body Inform	ation			
	HACIEN	DA		CAPING I		x=T-j	MARIA GUZ		II.A	COMMUNITY	INIT SCHOOL D	DISTRICT 308	DEBORAL	I NERVIS		
(Content Number)			(Com	pany Namo	e)		(	Contact Nar	ne)	1 1	(Public Body N	ame)		(Contact Na	me)	
(Contract Number)	17840 GR	OVE	ROAD					MINOOKA		4175 RT 71			OSWEGO			
FOX CHASE ELEMENTARY SCHO (Project Number)	IL.	(Street Address) L 60447 815 782 64				4 93		(0	City)	IL	(Street A		12	(City)		
OSWEGO, IL		(State) (Zipcode)					phone Num	ber)		(State)	(Zipcode)	(630) 636-319		e Number)		
(Project Location)									41.11				June Andre			
	Ke	por	t Hour	s for Ea	ch Day,	Includin	g Overtin	ne Hours	, List Hou	urly Prevailing \	Nage Rate	and Hourly I	-ringe Ber	nefits Allo	tments.	
Worker Name, Address Last Four of SSN & Telephone Number			SUN	MON	Hours wo	rked each WED	day THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pa Gross	y Period Net	
MARCO A AGUIAR NAVARRO	P	W	)	0	8	8	3	0	0	19		43.72		830.68	658.86	
		N									1					
Labor Classification					1	7.5	12 / 13/19		1							
LABOR	Ĭ,	Hou	urly Fring	ge Benefit:	Pension	sion: 13.61 Health/Welfare:			14.99	Vacation:	0.00	Trainin	g: 0.90			
	Р	w			18									TE ET	(FGE)	
		N				L-Y									ESE	
Labor Classification		Hourly Fringe Benefit: Pensi				on:		Health	/Welfare:		Vacation:			Training:		
	P	w					TX H						EXELL			
		N													811	
Labor Classification  Hourly Fringe Benefit: Pens				Pensio	on:		Health	/Welfare:		Vacation:		Trainin	g:			

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.



(zipcode)

**AFFIDAVIT FRINGES** Weekly Statement of Compliance Health Fund **Health Address** 7/21/2019 Date: **Health Sponsor MARIA GUZMAN** Health Admin (name signatory party) **PRESIDENT** Pension Fund (Title) hereby state: that I pay or supervise the payment Pension Address of the persons employed on the public works Pension Sponsor projectmmunity unit school district 308 (name of project) Pension Admin that during the payroll period commencing on the 15 day of 401(k) Fund (day) all persons employed on said project have been 401(k) Address paid the full weekly wages earned, that no 401(k) Sponsor rebates have been or will be made either directly or indirectly to or on behalf of said 401(k) Admin (name of contractor or subcontractor) **Vacation Fund** from the full weekly wages earned by any person, and that no deductions have been made either Vacation Address directly or indirectly from the full weekly wages Vacation Sponsor earned by any persons, other than permissible deductions as defined by Federal and/or State Vacation Admin Law. I further certify that this payroll is correct and complete; that the wage rates contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed. (Address) Signature (City) Telephone Number:

<u>SUBCONTRAC</u>	<u>TORS</u>	
Attach explanation of Mo of billing, or other pertine		y of contract
Company Name:		
Contact Person:		
(A	ddress)	
(City)	(State)	(zipcode)
Telephone Number:		
		<u> </u>
Company Name:		
Contact Person:	<del></del>	
Contact Person:		
(A	ddress)	
•	•	
(City) Telephone Number:	(State)	(zipcode)
ON		
Company Name:		
Contact Person:	<del></del> .	
(A	ddress)	
(City)		(zipcode)
Telephone Number:	·	
Company Name:		
Contact Person:		<del></del>

**Digital Signature** 

30	State of Illinois
25	State of Illinois Illinois Department of Labor

IDOL Case File Number: H-18-20	19	4	1	Pay	roll Start:	07/22/2	.019			Payroll End:	07/28/201	19			
			(	- Contract	or and/	or Subc	ontract	or			Public I	Body Inform	ation		
(Contract Number)			(Соп	CAPING I			MARIA GU	(Contact N		COMMUNITY U	NIT SCHOOL ( Public Body N		DEBORAL	NERVIS (Contact Nar	ne)
FOX CHASE ELEMENTARY SCHO (Project Number)  OSWEGO, IL (Project Location)	IL (Si	tate)		ocode)	Address)  MINOOKA (City)  815.782.64.93 (Telephone Number)  ach Day, Including Overtime Hours, List I					L (Street Address)   IL (State)   (630) 636-3   (630) 63			(Telephone Number)		
Worker Name, Address Last Four of SSN & Telephone Number		Rep	SUN			orked each		FRI	S, LIST HOL	Total Straight Time Hours	Total OT Hours	Hourly Wage			y Period Net
VILLICANA MIGUEL		PW	0	0	0	0	0	8	0	8		46.25		370.00	315.21
CEMENT MASON		Н	ourly Frin	ge Benefit	: Pensi	on: 17.5	4	Heal	th/Welfare:	12.00	Vacation:	5.00	Trainin	g: 1.25	
GUZMAN JOSE S		PW	0	0	0	0	0	8	0	8		43.72		349.76	292.57
LABOR		Н	ourly Frin	ge Benefit	: Pensi	on: 13.6	1	Heal	th/Welfare:	14.99	Vacation:	0.00	Trainin	g: 0.90	
MEDRANO FRANCISCO		PW	0	8	8	0	0	8	0	24		46.25		1110.00	892.98
Labor Classification  CEMENT MASON		<b>І</b> — н	ourly Frin	ge Benefit	: Pensi	on: 17.5	4	Heal	th/Welfare:	12.00	Vacation:	5.00	Trainin	g: 1.25	

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

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IDOL Case File Number: H-18-20	19	4		Pay	roll Start:	07/22/2	019			Payroll End:	07/28/201	9				
			C	ontract	or and/	or Subc	ontrac	tor			Public I	Body Inform	ation			
(Contract Number)			(Com	CAPING I pany Name			MARIA GU	JZMAN (Contact N	_	COMMUNITY UNIT SCHOOL DISTRICT 308 (Public Body Name)			DEBORAH NERVIS (Contact Name) OSWEGO			
FOX CHASE ELEMENTARY SCHO (Project Number)  OSWEGO, IL (Project Location)	17840 GROVE ROAD   (Street A			Address) (City)  815 782 64 93  (Telephone Number)					IL (State)	(Street Address)  IL 60543 (630) 636-3		(City)				
Worker Name, Address	R	еро	rt Hour		ch Day, Hours wo			ime Hour	rs, List Hou	rrly Prevailing \	Wage Rate	and Hourly I		7		
Last Four of SSN & Telephone Number			SUN	MON	TUE	WED	THE	R FRI	SAT	Time Hours	Hours	Rate	Rate	Gross	Period Net	
HERNANDEZ CARLOS		PW (	0	8	8	8	8	0	0	32		44.10		1411.20	1078.99	
COPERATING ENGINEER	N Hourly Fringe Benef			ge Benefit	Tit: Pension: 13.55 Health/Welfare:					16.25	16.25 Vacation: 2.00			Training: 1.65		
AGUIAR FIDEL		PW (	0	0	0	8	8	0	0	16		43.72		699.52	570.15	
Labor Classification			urly Fring	je Benefit	it: Pension: 13.61 Health/Welfare:					14.99	4.99 Vacation: 0.00			Training: 0.90		
GONZALEZ ALEJANDRO		PW (	0	8	8	8	8	0	0	32		43.72		1399.04	1114.30	
Labor Classification	-	Ho	urly Fring	je Benefit	: Pensi	on: 13.6	1	Heal	th/Welfare:	14.99	Vacation:	0.00	Trainir	g: 0.90		

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

70	State of Illinois
(1)	State of Illinois Illinois Department of Labor

IDOL Case File Number: H-18-20	19	4		Pay	roll Start:	07/22/2	2019			Payroll End:	07/28/201	19			
			(	- Contract	or and/	or Subo	ontract	or			Public I	Body Inform	ation		
	HACIE	ENDA		CAPING I		N U	MARIA GU		TÉ X	COMMUNITY	INIT SCHOOL (	DISTRICT 308	DEBORAL	H NERVIS	
			(Соп	ipany Nam	ne) (Contact Name)					(Public Body Name)			(Contact Name)		
(Contract Number)	17840 GROVE ROAD			MINOOKA					4175 RT 71			OSWEGO			
FOX CHASE ELEMENTARY SCHO (Project Number)	IL	(Street Address) 60447 815 782 64 93							(City)	(Street Address)  IL 60543 (630) 6			92	(Ci	ly)
OSWEGO, IL	(St	ate)	(Zi	ocode)		(Tele	phone Nur	nber)	11115	IL   60543 (630) 636-3192 (Telephone Number)					100
(Project Location)	F	Repo	rt Hou	s for Ea	ch Day.	Includin	a Overti	me Hour	s. List Hou	ırly Prevailing \	Nage Rate	and Hourly I	Fringe Ber	nefits Allot	ments
Worker Name, Address Last Four of SSN & Telephone Number			SUN		Hours wo		ı day		SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate		7	y Period Net
MARCO A AGUIAR NAVARRO		PW	0	0	8	8	8	0	0	24		43.72		1049.28	1
		N													
Labor Classification		Но	urly Frin	ge Benefit	: Pensi	on: 13.6	31	Healt	h/Welfare:	14.99	Vacation:	0.00	Trainir	ng: 0.90	
	XIII JI	PW					1	1	Ţ Trest						
		N		8									J.		
Labor Classification		Но	urly Frin	ge Benefit	Pensi	on:		Healt	h/Welfare:		Vacation:		Trainir	ng:	
		PW			8	I				48					
		N													
Labor Classification		Но	urly Frin	ge Benefit	Pensi	on:		Healt	h/Welfare:		Vacation:		Trainir	ng:	

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#### **AFFIDAVIT** Weekly Statement of Compliance 7/28/2019 Date: **MARIA GUZMAN** (name signatory party) **PRESIDENT** (Title) hereby state: that I pay or supervise the payment of the persons employed on the public works projecommunity unit school district 308 (name of project) that during the payroll period commencing on the 22 day of JUL , 2019 . (day) (year) (month) all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said (name of contractor or subcontractor) from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed. Signature

Health Fund	
Health Address	
Health Sponsor	
Health Admin	
Pension Fund	
Pension Address	<i>a</i>
Pension Sponsor	
Pension Admin	
401(k) Fund	
401(k) Address	
401(k) Sponsor	
401(k) Admin	
Vacation Fund	
Vacation Address	
Vacation Sponso	<b>.</b>
Vacation Admin	

**FRINGES** 

SUBCUNIRAC	IOKS	
Attach explanation of Moof billing, or other pertine		
Company Name:		
Contact Person:		
(A	ddress)	
(City)	(State)	(zipcode)
Telephone Number:		
Company Name		
Company Name:		
Contact Person:		·
(Ac	ddress)	
(City)	(State)	(zipcode)
Telephone Number:		
Company Name:		
Contact Person:		
(Ac	idress)	
(City)	(State)	(zincode)
Telephone Number:		
·		
Company Name:		
Contact Person:		
(Add	dress)	
(City)	(State)	(zipcode)
Telephone Number	,,	(Lipodde)

**Digital Signature** 

FO	State of Illinois
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IDOL Case File Number: H-18-20	19	5	,	Рауг	oll Start:	07/29/2	019	-		Payroll End:	08/04/201	9		·	
			C	ontract	or and/o	r Subc	ontracte	or			Public I	Body Inform	ation		
(Contract Number)  FOX CHASE ELEMENTARY SCHO (Project Number)	HACIENDA LANDSCAPING INC (Company Name)  17840 GROVE ROAD (Street Address)  MARIA GUZMAN (Contact Name)  MINOOKA (City)							COMMUNITY UNIT SCHOOL DISTRICT 308 (Public Body Name)  4175 RT 71  (Street Address)			OSWEGO (City)				
OSWEGO, IL (St. (St.		tate) 60447 (Zipcode)			815 782 64 93 (Telephone Numb ach Day, Including Overtime					IL (State)	60543 (Zipcode)	(630) 636-319	(Telephon	e Number)	manta
Worker Name, Address Last Four of SSN & Telephone Number			SUN	<del></del>	Hours wor			FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	-		y Period Net
LOPEZ BALDEMAR	1	PW N	0	0	11.50	0	0	0	0	8	3.5	44.10		584.33	489.59
Labor Classification  OPERATING ENGINEER  Hourly Fringe Benefit: Pension: 13.55 Health				th/Welfare:	16.25	Vacation:	2.00	Trainin	g: 1.65						
RODRIGUEZ JOSE R	F	PW N	0	0	11.50	0	0	0	0	8	3.5	43.72		579.29	481.58
Labor Classification		Hourly Fringe Benefit: Pension: 13.61 Health/Welfare:				th/Welfare:	14.99	Vacation:	0.00	Trainin	g: 0.90				
MEDRANO FRANCISCO	3	PW N	0	8	11.50	0	0	0	0	16	3.5	46.25		982.83	796.84
Labor Classification CEMENT MASON		Ho	ourly Fring	l je Benefit:	Pensio	n: 17.5	4	Heal	th/Welfare:	12.00	Vacation:	5.00	Trainin	g: [1.25	

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			C	ontract	or and/	or Subc	ontract	or			Public E	Body Inform	ation			
	HACIE	ND	A LANDS (Com	CAPING I pany Name			MARIA GU	ZMAN (Contact Na	ıme)	COMMUNITY U	NIT SCHOOL D		DEBORAL	NERVIS (Contact Na	me)	
(Contract Number)	17840 (	0 GROVE ROAD MINOOKA								4175 RT 71				OSWEGO		
FOX CHASE ELEMENTARY SCHO (Project Number)	1L		6044		815 782 (				(City)	IL	(Street A	(630) 636-31			ity)	
OSWEGO, IL (Project Location)	(Sta		- 73	code)			hone Nu	100		(State)	(Zipcode)			e Number)		
Worker Name, Address Last Four of SSN & Telephone Number		Сер	ort Hour			Including orked each WED			s, List Hou SAT	Total Straight Time Hours	Total OT Hours	and Hourly I Hourly Wage Rate	_	1	ments. y Period Net	
VILLICANA MIGUEL		PW	0	8	0	0	0	0	0	8		46.25	l svel	370.00	360.22	
		N														
CEMENT MASON		н	lourly Fring	ge Benefit	Pensi	on: 17.5	4	Healt	h/Welfare:	12.00	Vacation:	5.00	Trainin	g: 1.25		
GUZMAN JOSE S		PW	0	8	0	0	0	0	0	8		43.72		349.76	292.58	
		N		-					_ =				W 2			
Labor Classification  LABOR		Н	lourly Fring	ge Benefit	: Pensi	on: 13.6	1	Healt	h/Welfare:	14.99	Vacation:	0.00	Trainin	g: 0.90		
		PW														
		N					1								V.	
Labor Classification		Н	l lourly Fring	ge Benefit	: Pensi	on:		Healt	h/Welfare:		Vacation:		Trainin	g:		

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.





<u>AFFIDAVIT</u>	FRINGES	SUBCONTRACT
Weekly Statement of Compliance	Health Fund	Attach explanation of Monicological Attach
Date: 8/4/2019	Health Address	Company Name:
	Health Sponsor	Contact Person:
MARIA GUZMAN	Health Admin	
(name signatory party) PRESIDENT , do	Pension Fund	(Add
(Title) hereby state: that I pay or supervise the payment	2 / 1/1	(City) Telephone Number:
of the persons employed on the public works		
Projecommunity Unit School District 308	Pension Sponsor	
(name of project) that during the payroll period commencing on the	Pension Admin	Company Name:
29 day of JUL , 2019 ,	401(k) Fund	Contact Person:
(day) (month) (year)		14.44
all persons employed on said project have been paid the full weekly wages earned, that no	401/12 6 11 11 11 11 11 11 11 11 11 11 11 11 1	
rebates have been or will be made either directly or indirectly to or on behalf of said	401(k) Sponsor 401(k) Admin	(City) Telephone Number:
(name of contractor or subcontractor)	Vacation Fund	Company Name:
from the full weekly wages earned by any person, and that no deductions have been made either		
directly or indirectly from the full weekly wages	Vacation Address	
earned by any persons, other than permissible	Vacation Sponsor Vacation Admin	,
deductions as defined by Federal and/or State  Law. I further certify that this payroll is correct	Vacation Admin	(City)
and complete; that the wage rates contained		Telephone Number:
therein are not less than the actual rates herein stated and that the classification set forth for each		
laborers or mechanic conform to the work he/she		Company Name:
performed.		Contact Person:
mu Jan		(Addre
Signature		(City)
		Tolonkon Norton

## ORS

ies paid, copy of contract tinformation.

Company Name:		
Contact Person:		
(A	ddress)	
(City) Telephone Number:	(State)	(2.0000)
Company Name:		
Contact Person:		
(Ad	ddress)	
(City) Telephone Number:	(State)	(P/
Company Name:		
Contact Person:		
(Ac	ddress)	
(City) Telephone Number:	(State)	
Company Name:		
Contact Person:		
(Ad	dress)	
(City) Telephone Number:	(State)	(zipcode)

Digital Signature