



August 19, 2019

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

**VIA EMAIL – [lsimrayh@iiffc.org](mailto:lsimrayh@iiffc.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 1<sup>st</sup>, 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 [www.sd308.org](http://www.sd308.org) 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*

Mary Anne Buckley  
Freedom of Information Officer



# Certified Transcript of Payroll

IDOL Case File Number: **H-18-2019 3**

Payroll Start: **07/15/2019**

Payroll End: **07/21/2019**

## Contractor and/or Subcontractor

## Public Body Information

(Contract Number)  
**FOX CHASE ELEMENTARY SCHO**  
(Project Number)  
**OSWEGO, IL**  
(Project Location)

<b>HACIENDA LANDSCAPING INC</b> (Company Name)		<b>MARIA GUZMAN</b> (Contact Name)	
<b>17840 GROVE ROAD</b> (Street Address)		<b>MINOOKA</b> (City)	
<b>IL</b> (State)	<b>60447</b> (Zipcode)	<b>815 782 64 93</b> (Telephone Number)	

<b>COMMUNITY UNIT SCHOOL DISTRICT 308</b> (Public Body Name)		<b>DEBORAH NERVIS</b> (Contact Name)	
<b>4175 RT 71</b> (Street Address)		<b>OSWEGO</b> (City)	
<b>IL</b> (State)	<b>60543</b> (Zipcode)	<b>(630) 636-3192</b> (Telephone Number)	

## Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
<b>HERNANDEZ CARLOS</b> [REDACTED]	PW	0	0	8	8	3	8	0	27		44.10		1190.70	922.75
	N													
Labor Classification <b>OPERATING ENGINEER</b>		Hourly Fringe Benefit: Pension: <b>13.55</b> Health/Welfare: <b>16.25</b> Vacation: <b>2.00</b> Training: <b>1.65</b>												
<b>MEDRANO FRANCISCO</b> [REDACTED]	PW	0	0	8	8	0	8	0	24		46.25		1110.00	892.97
	N													
Labor Classification <b>CEMENT MASON</b>		Hourly Fringe Benefit: Pension: <b>17.54</b> Health/Welfare: <b>12.00</b> Vacation: <b>5.00</b> Training: <b>1.25</b>												
<b>GONZALEZ ALEJANDRO</b> [REDACTED]	PW	0	0	8	8	3	8	0	27		43.72		1180.44	956.43
	N													
Labor Classification <b>LABOR</b>		Hourly Fringe Benefit: Pension: <b>13.61</b> Health/Welfare: <b>14.99</b> Vacation: <b>0.00</b> Training: <b>0.90</b>												

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.

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked



# Certified Transcript of Payroll

IDOL Case File Number: **H-18-2019 3**

Payroll Start: 07/15/2019

Payroll End: 07/21/2019

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## Public Body Information

(Contract Number)  
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(Project Number)  
**OSWEGO, IL**  
(Project Location)

**HACIENDA LANDSCAPING INC**  
(Company Name)  
**MARIA GUZMAN**  
(Contact Name)  
**17840 GROVE ROAD**  
(Street Address)  
**MINOOKA**  
(City)  
**IL 60447 815 782 84 93**  
(State) (Zipcode) (Telephone Number)

**COMMUNITY UNIT SCHOOL DISTRICT 308**  
(Public Body Name)  
**DEBORAH NERVIS**  
(Contact Name)  
**4175 RT 71**  
(Street Address)  
**OSWEGO**  
(City)  
**IL 60543 (630) 636-3192**  
(State) (Zipcode) (Telephone Number)

## Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
<b>MONROY JORGE</b> [REDACTED]	PW	0	8	0	0	0	0	0	8		44.10		352.80	292.78
	N													
Labor Classification <b>OPERATING ENGINEER</b>		Hourly Fringe Benefit: Pension: <b>13.55</b> Health/Welfare: <b>16.25</b> Vacation: <b>2.00</b> Training: <b>1.65</b>												
<b>MONROY LUIS A.</b> [REDACTED]	PW	0	8	0	0	0	0	0	8		43.72		349.76	263.58
	N													
Labor Classification <b>LABOR</b>		Hourly Fringe Benefit: Pension: <b>13.61</b> Health/Welfare: <b>14.99</b> Vacation: <b>0.00</b> Training: <b>0.90</b>												
<b>MONROY JUAN C</b> [REDACTED]	PW	0	8	0	0	0	0	0	8		43.72		349.76	292.57
	N													
Labor Classification <b>LABOR</b>		Hourly Fringe Benefit: Pension: <b>13.61</b> Health/Welfare: <b>14.99</b> Vacation: <b>0.00</b> Training: <b>0.90</b>												

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\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked

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Payroll End: 07/21/2019

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(Project Number)  
**OSWEGO, IL**  
(Project Location)

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(Company Name)  
**MARIA GUZMAN**  
(Contact Name)  
**17840 GROVE ROAD**  
(Street Address)  
**MINOOKA**  
(City)  
**IL 60447 815 782 64 93**  
(State) (Zipcode) (Telephone Number)

**COMMUNITY UNIT SCHOOL DISTRICT 308**  
(Public Body Name)  
**DEBORAH NERVIS**  
(Contact Name)  
**4175 RT 71**  
(Street Address)  
**OSWEGO**  
(City)  
**IL 60543 (630) 636-3192**  
(State) (Zipcode) (Telephone Number)

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Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
<b>MARCO A AGUIAR NAVARRO</b>	PW	0	0	8	8	3	0	0	19		43.72		830.68	658.86
	N													
Labor Classification <b>LABOR</b>	Hourly Fringe Benefit: Pension: <b>13.61</b> Health/Welfare: <b>14.99</b> Vacation: <b>0.00</b> Training: <b>0.90</b>													
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													

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.

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked



# Certified Transcript of Payroll

## AFFIDAVIT

Weekly Statement of Compliance

Date: **7/21/2019**

I, **MARIA GUZMAN**  
(name signatory party)  
**PRESIDENT**, do  
(Title)

hereby state: that I pay or supervise the payment  
of the persons employed on the public works  
project **COMMUNITY UNIT SCHOOL DISTRICT 308** ;

(name of project)  
that during the payroll period commencing on the  
**15** day of **JUL**, **2019**,  
(day) (month) (year)

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

Digital Signature \_\_\_\_\_

## FRINGES

Health Fund \_\_\_\_\_  
Health Address \_\_\_\_\_  
Health Sponsor \_\_\_\_\_  
Health Admin \_\_\_\_\_

Pension Fund \_\_\_\_\_  
Pension Address \_\_\_\_\_  
Pension Sponsor \_\_\_\_\_  
Pension Admin \_\_\_\_\_

401(k) Fund \_\_\_\_\_  
401(k) Address \_\_\_\_\_  
401(k) Sponsor \_\_\_\_\_  
401(k) Admin \_\_\_\_\_

Vacation Fund \_\_\_\_\_  
Vacation Address \_\_\_\_\_  
Vacation Sponsor \_\_\_\_\_  
Vacation Admin \_\_\_\_\_

## SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract  
of billing, or other pertinent information.

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

(Address)  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

(Address)  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

(Address)  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

(Address)  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

# Certified Transcript of Payroll

IDOL Case File Number: **H-18-2019** **4**

Payroll Start: 07/22/2019

Payroll End: 07/28/2019

## Contractor and/or Subcontractor

## Public Body Information

(Contract Number)  
**FOX CHASE ELEMENTARY SCHO**  
(Project Number)  
**OSWEGO, IL**  
(Project Location)

<b>HACIENDA LANDSCAPING INC</b> (Company Name)		<b>MARIA GUZMAN</b> (Contact Name)	
17840 GROVE ROAD (Street Address)		MINOOKA (City)	
IL (State)	60447 (Zipcode)	815 782 64 93 (Telephone Number)	

<b>COMMUNITY UNIT SCHOOL DISTRICT 308</b> (Public Body Name)		<b>DEBORAH NERVIS</b> (Contact Name)	
4175 RT 71 (Street Address)		OSWEGO (City)	
IL (State)	60543 (Zipcode)	(630) 636-3192 (Telephone Number)	

## Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
VILICANA MIGUEL [REDACTED]	PW	0	0	0	0	0	8	0	8		46.25		370.00	315.21
	N													
Labor Classification <b>CEMENT MASON</b>		Hourly Fringe Benefit: Pension: 17.54 Health/Welfare: 12.00 Vacation: 5.00 Training: 1.25												
GUZMAN JOSE S [REDACTED]	PW	0	0	0	0	0	8	0	8		43.72		349.76	292.57
	N													
Labor Classification <b>LABOR</b>		Hourly Fringe Benefit: Pension: 13.61 Health/Welfare: 14.99 Vacation: 0.00 Training: 0.90												
MEDRANO FRANCISCO [REDACTED]	PW	0	8	8	0	0	8	0	24		46.25		1110.00	892.98
	N													
Labor Classification <b>CEMENT MASON</b>		Hourly Fringe Benefit: Pension: 17.54 Health/Welfare: 12.00 Vacation: 5.00 Training: 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.

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked



# Certified Transcript of Payroll

IDOL Case File Number: **H-18-2019 4**

Payroll Start: 07/22/2019

Payroll End: 07/28/2019

## Contractor and/or Subcontractor

## Public Body Information

(Contract Number)  
**FOX CHASE ELEMENTARY SCHO**  
(Project Number)  
**OSWEGO, IL**  
(Project Location)

<b>HACIENDA LANDSCAPING INC</b> (Company Name)		<b>MARIA GUZMAN</b> (Contact Name)	
17840 GROVE ROAD (Street Address)		MINOOKA (City)	
IL (State)	60447 (Zipcode)	815 782 64 93 (Telephone Number)	

<b>COMMUNITY UNIT SCHOOL DISTRICT 308</b> (Public Body Name)		<b>DEBORAH NERVIS</b> (Contact Name)	
4175 RT 71 (Street Address)		OSWEGO (City)	
IL (State)	60543 (Zipcode)	(630) 636-3192 (Telephone Number)	

## Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
<b>HERNANDEZ CARLOS</b> [REDACTED]	PW	0	8	8	8	8	0	0	32		44.10		1411.20	1078.99
	N													
Labor Classification <b>OPERATING ENGINEER</b>		Hourly Fringe Benefit: Pension: 13.55 Health/Welfare: 16.25 Vacation: 2.00 Training: 1.65												
<b>AGUIAR FIDEL</b> [REDACTED]	PW	0	0	0	8	8	0	0	16		43.72		699.52	570.15
	N													
Labor Classification <b>LABOR</b>		Hourly Fringe Benefit: Pension: 13.61 Health/Welfare: 14.99 Vacation: 0.00 Training: 0.90												
<b>GONZALEZ ALEJANDRO</b> [REDACTED]	PW	0	8	8	8	8	0	0	32		43.72		1399.04	1114.30
	N													
Labor Classification <b>LABOR</b>		Hourly Fringe Benefit: Pension: 13.61 Health/Welfare: 14.99 Vacation: 0.00 Training: 0.90												

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**\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked**

# Certified Transcript of Payroll

IDOL Case File Number: **H-18-2019 4**

Payroll Start: 07/22/2019

Payroll End: 07/28/2019

## Contractor and/or Subcontractor

## Public Body Information

(Contract Number)  
**FOX CHASE ELEMENTARY SCHO**  
(Project Number)  
**OSWEGO, IL**  
(Project Location)

<b>HACIENDA LANDSCAPING INC</b> (Company Name)		<b>MARIA GUZMAN</b> (Contact Name)	
17840 GROVE ROAD (Street Address)		MINOOKA (City)	
IL (State)	60447 (Zipcode)	815 782 64 93 (Telephone Number)	

<b>COMMUNITY UNIT SCHOOL DISTRICT 308</b> (Public Body Name)		<b>DEBORAH NERVIS</b> (Contact Name)	
4175 RT 71 (Street Address)		OSWEGO (City)	
IL (State)	60543 (Zipcode)	(630) 636-3192 (Telephone Number)	

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		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
MARCO A AGUIAR NAVARRO	PW	0	0	8	8	8	0	0	24		43.72		1049.28	815.72
	N													
Labor Classification <b>LABOR</b>	Hourly Fringe Benefit: Pension: 13.61 Health/Welfare: 14.99 Vacation: 0.00 Training: 0.90													
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension: Health/Welfare: Vacation: Training:													
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension: Health/Welfare: Vacation: Training:													

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\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked

# Certified Transcript of Payroll

FD-100-2019



## AFFIDAVIT

Weekly Statement of Compliance

Date: 7/28/2019

I, MARIA GUZMAN,  
(name signatory party)  
PRESIDENT, do  
(Title)

hereby state: that I pay or supervise the payment  
of the persons employed on the public works  
project COMMUNITY UNIT SCHOOL DISTRICT 308 ;  
(name of project)

that during the payroll period commencing on the  
22 day of JUL, 2019,  
(day) (month) (year)

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

Digital Signature \_\_\_\_\_

## FRINGES

Health Fund \_\_\_\_\_  
Health Address \_\_\_\_\_  
Health Sponsor \_\_\_\_\_  
Health Admin \_\_\_\_\_

Pension Fund \_\_\_\_\_  
Pension Address \_\_\_\_\_  
Pension Sponsor \_\_\_\_\_  
Pension Admin \_\_\_\_\_

401(k) Fund \_\_\_\_\_  
401(k) Address \_\_\_\_\_  
401(k) Sponsor \_\_\_\_\_  
401(k) Admin \_\_\_\_\_

Vacation Fund \_\_\_\_\_  
Vacation Address \_\_\_\_\_  
Vacation Sponsor \_\_\_\_\_  
Vacation Admin \_\_\_\_\_

## SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract  
of billing, or other pertinent information.

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

# Certified Transcript of Payroll

IDOL Case File Number: **H-18-2019 5**

Payroll Start: 07/29/2019

Payroll End: 08/04/2019

## Contractor and/or Subcontractor

## Public Body Information

(Contract Number)  
**FOX CHASE ELEMENTARY SCHO**  
(Project Number)  
**OSWEGO, IL**  
(Project Location)

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		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
<b>LOPEZ BALDEMAR</b> [REDACTED]	PW	0	0	11.50	0	0	0	0	8	3.5	44.10		584.33	489.59
	N													
Labor Classification <b>OPERATING ENGINEER</b>		Hourly Fringe Benefit: Pension: <b>13.55</b> Health/Welfare: <b>16.25</b> Vacation: <b>2.00</b> Training: <b>1.65</b>												
<b>RODRIGUEZ JOSE R</b> [REDACTED]	PW	0	0	11.50	0	0	0	0	8	3.5	43.72		579.29	481.58
	N													
Labor Classification <b>LABOR</b>		Hourly Fringe Benefit: Pension: <b>13.61</b> Health/Welfare: <b>14.99</b> Vacation: <b>0.00</b> Training: <b>0.90</b>												
<b>MEDRANO FRANCISCO</b> [REDACTED]	PW	0	8	11.50	0	0	0	0	16	3.5	46.25		982.83	796.84
	N													
Labor Classification <b>CEMENT MASON</b>		Hourly Fringe Benefit: Pension: <b>17.54</b> Health/Welfare: <b>12.00</b> Vacation: <b>5.00</b> Training: <b>1.25</b>												

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.

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked



# Certified Transcript of Payroll

IDOL Case File Number: **H-18-2019 5**

Payroll Start: **07/29/2019**

Payroll End: **08/04/2019**

## Contractor and/or Subcontractor

## Public Body Information

(Contract Number)

FOX CHASE ELEMENTARY SCHO

(Project Number)

OSWEGO, IL

(Project Location)

HACIENDA LANDSCAPING INC

(Company Name)

MARIA GUZMAN

(Contact Name)

17840 GROVE ROAD

(Street Address)

MINOOKA

(City)

IL

60447

(State)

815 782 64 93

(Telephone Number)

COMMUNITY UNIT SCHOOL DISTRICT 308

(Public Body Name)

DEBORAH NERVIS

(Contact Name)

4175 RT 71

(Street Address)

OSWEGO

(City)

IL

60543

(State)

(830) 636-3192

(Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
VILICANA MIGUEL	PW	0	8	0	0	0	0	0	8		46.25		370.00	360.22
	N													
Labor Classification CEMENT MASON		Hourly Fringe Benefit: Pension: 17.54 Health/Welfare: 12.00 Vacation: 5.00 Training: 1.25												
GUZMAN JOSE S	PW	0	8	0	0	0	0	0	8		43.72		349.76	292.58
	N													
Labor Classification LABOR		Hourly Fringe Benefit: Pension: 13.61 Health/Welfare: 14.99 Vacation: 0.00 Training: 0.90												
	PW													
	N													
Labor Classification		Hourly Fringe Benefit: Pension: Health/Welfare: Vacation: Training:												

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.

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked



# Certified Transcript of Payroll

11-18-2019

## AFFIDAVIT

Weekly Statement of Compliance

Date: 8/4/2019

I, MARIA GUZMAN,  
(name signatory party)  
PRESIDENT, do  
(Title)

hereby state: that I pay or supervise the payment  
of the persons employed on the public works  
project COMMUNITY UNIT SCHOOL DISTRICT 308;

(name of project)

that during the payroll period commencing on the  
29 day of JUL, 2019,  
(day) (month) (year)

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

Digital Signature \_\_\_\_\_

## FRINGES

Health Fund \_\_\_\_\_  
Health Address \_\_\_\_\_  
Health Sponsor \_\_\_\_\_  
Health Admin \_\_\_\_\_

Pension Fund \_\_\_\_\_  
Pension Address \_\_\_\_\_  
Pension Sponsor \_\_\_\_\_  
Pension Admin \_\_\_\_\_

401(k) Fund \_\_\_\_\_  
401(k) Address \_\_\_\_\_  
401(k) Sponsor \_\_\_\_\_  
401(k) Admin \_\_\_\_\_

Vacation Fund \_\_\_\_\_  
Vacation Address \_\_\_\_\_  
Vacation Sponsor \_\_\_\_\_  
Vacation Admin \_\_\_\_\_

## SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract  
of billing, or other pertinent information.

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

(Address)

(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

(Address)

(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

(Address)

(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

(Address)

(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_