

MISSISSIPPI DEPARTMENT OF TRANSPORTATION

WEEKLY STATEMENT OF COMPLIANCE

Date: **05/14/2006**

I, **Nancy Smyth, CQA , Bookkeeper** do hereby state:
(Name of signatory party) Title

- (1) That I pay or supervise the payment of the persons employed by **Mississippi DOT** on the **Customer Four Fed Proj St. Proj** : that during the payroll period commencing on the **28** day of **December, 2003**, and ending the **03** day of **January, 2004**, 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 **Mississippi DOT** from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948; 63 Stat. 108; 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below: **Deductions are based on gross wages and include but are not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments. Explanations for deductions listed in the "Other" Column are described on the Certified Payroll Report.**
- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rate for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work they performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
- (4) That:
 - a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4 (c) below.
 - b. WHERE FRINGE BENEFITS ARE PAID IN CASH
 Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4 (c) below.
 - c. EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Nancy Smyth, CQA , Bookkeeper	SIGNATURE
The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See section 1001 of title 18 and section 231 of Title 31 of the United States Code.	

MISSISSIPPI DEPARTMENT OF TRANSPORTATION

CAD-880
Rev. 1-2000

Project: Fed Proj/St. Proj

County: county

WEEKLY SUMMARY OF WAGE RATES

INSTRUCTIONS:

1. In the spaces provided opposite the classifications listed on this form, fill in the rates paid and number employed at the rate, for each classification shown on the weekly payroll being reported.
2. If you had employees on your weekly payroll at more than one rate in the same classification, use spaces opposite the classification listed on this form for reporting the rate received by the largest number of workers. Use the blank spaces provided below for showing rates paid to others in the same classification with the number receiving each rate. **DO NOT REPORT SALARIED EMPLOYEES, SUPERVISORS, FOREMEN OR CLERK. DO NO REPORT OVERTIME RATES, REPORT ONLY STRAIGHT TIME RATES.**

MDOT Auth Pay Code	Classification	Hourly Rate Paid	Number Employed
11154	Laborer, Semi-Skilled	\$15.00 -	1
	Cement Masons	\$26.20	1
Equipment Operators	Bulldozer Operator	\$26.20	1
0110	Foreperson	\$65.00	1
	Truck Drivers	\$25.00	1

STATEMENT

Payroll Period commencing on the **28** day of **December, 2003**, and ending on the **03** day of **January, 2004**.
I, **Nancy Smyth, CQA , Bookkeeper** pay or supervise the payment of the persons employed by **Mississippi DOT**.

Checked by: _____
Resident/Project Engineer or Approved
Designated Representative

Signature: _____
Contractor

Checked By: _____
Contract Compliance Officer