



CITY OF SAN JOSE PUBLIC WORKS PAYROLL REPORTING FORM

CONTRACTOR		PRIME SUBCONTRACTOR																	
PAYROLL NO.		FOR WEEK ENDING							PROJECT AND LOCATION										
EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER	WORK CLASSIFICATION	DATE							TOTAL HOURS	HOURLY RATE OF PAY	GROSS AMOUNT EARNED			DEDUCTIONS - EMPLOYEES PAID (DOES NOT INCLUDE BENEFIT OR OTHER EMPLOYER PAYMENTS)					NET WAGES PAID
		M	T	W	Th	F	Sa	Su						FED TAX	FICA (Soc. Sec.)	STATE TAX	STATE DISABILITY INS. (SDI)	HEALTH WELFARE	
EMPLOYEE:	San José Project Classification:	S									SAN JOSE PROJECT	TRAVEL & SUBSISTENCE & CONGESTION ZONE FEE	TOTAL ALL WORK	FED TAX	FICA (Soc. Sec.)	STATE TAX	STATE DISABILITY INS. (SDI)	HEALTH WELFARE	NET WAGES PAID
	O																		
	All Other Work:	S												PENSION	SAVINGS	GARNISHMENT	OTHER*	TOTAL DEDUCTIONS	CHECK NO.
	O																		
EMPLOYEE:	San José Project Classification:	S									SAN JOSE PROJECT	TRAVEL & SUBSISTENCE & CONGESTION ZONE FEE	TOTAL ALL WORK	FED TAX	FICA (Soc. Sec.)	STATE TAX	STATE DISABILITY INS. (SDI)	HEALTH WELFARE	NET WAGES PAID
	O																		
	All Other Work:	S												PENSION	SAVINGS	GARNISHMENT	OTHER*	TOTAL DEDUCTIONS	CHECK NO.
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	O																		
	All Other Work:	S												PENSION	SAVINGS	GARNISHMENT	OTHER*	TOTAL DEDUCTIONS	CHECK NO.
	O																		

S = Straight time

O = Overtime

* Other = Any other deductions, whether included or required by prevailing wage determinations, must be separately listed. Use extra sheet if necessary.