



ADDENDUM NO. 2
BID NO. 5007
ASPHALT OVERLAY AND STRIPING TO PLAYGROUNDS AND PARKING
LOTS AT SEVEN DISTRICT SCHOOL SITES

Due Date Remains: October 27, 2009 2:00 PM

LABOR COMPLIANCE CLARIFICATION:

Upon award of a contract, the successful Contactor will be required to complete and submit with the Payment Application for the appropriate time period the following attached documents:

Statement of Employer Payments
Public Works Payroll Reporting Form
Statement of Compliance

No payment for the completed work will be made until the required forms are completed and accepted by the District.

Addendum Number Two forms a part of the Contract Documents and modifies the Bidding Document dated October 2009 as noted. Acknowledgement of receipt of Addendum Number Two in the space provided on the Bid Form is required. Failure to do so may result in the Bid being deemed Non-Responsive.

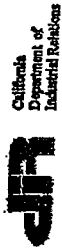
ALL OTHER REQUIEIMENTS, TERMS AND CONDITIONS REMAIN THE SAME

Statement of Employer Payments



Date:		In Reply, Refer to Case No:	
Time:			
Subcontractor:			
PROJECT NAME:			
PROJECT CONTRACT NO.:		County/location:	
HEALTH AND WELFARE			
NAME OF PLAN		Address, City and Zip	
ADMINISTRATOR		Address, City and Zip	
CLASSIFICATION(S) USED		CONTRIBUTION PER CLASSIFICATION PER HOUR	
CONTRIBUTIONS: WEEKLY MONTHLY QUARTERLY ANNUALLY			
PENSION			
NAME OF PLAN		Address, City and Zip	
ADMINISTRATOR		Address, City and Zip	
CLASSIFICATION(S) USED		CONTRIBUTION PER CLASSIFICATION PER HOUR	
CONTRIBUTIONS: WEEKLY MONTHLY QUARTERLY ANNUALLY			
VACATION/HOLIDAY			
NAME OF PLAN		Address, City and Zip	
ADMINISTRATOR		Address, City and Zip	
CLASSIFICATION(S) USED		CONTRIBUTION PER CLASSIFICATION PER HOUR	
CONTRIBUTIONS: WEEKLY MONTHLY QUARTERLY ANNUALLY			
TRAINING			
NAME OF PLAN		Address, City and Zip	
ADMINISTRATOR		Address, City and Zip	
CLASSIFICATION(S) USED		CONTRIBUTION PER CLASSIFICATION PER HOUR	
CONTRIBUTIONS: WEEKLY MONTHLY QUARTERLY ANNUALLY			

IF YOU USE OTHER PLANS NOT LISTED ABOVE, YOU MAY USE THE BACK OF THIS FORM TO PROVIDE THIS ADDITIONAL INFORMATION



PUBLIC WORKS PAYROLL REPORTING FORM

Page of

NAME OF CONTRACTOR OR SUBCONTRACTOR: _____ CONTRACTORS LICENSE NO.: _____ SPECIALTY LICENSE NO.: _____		ADDRESS: _____ PROJECT OR CONTRACT NO.: _____ PROJECT AND LOCATION: _____																	
PATROLL NO.: _____		WORKERS COMPENSATION POLICY NO.: _____																	
(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WEEKS WORKED	(3) WORK CLASSIFICATION	(4) FOR WEEK ENDING: _____							(5) GROSS AMOUNT EARNED	(6) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS							(7) NET WAGE PAID FOR WEEK	(8) CHECK NO.
			DAY: M T W T F S S DATE: _____ HOURS WORKED EACH DAY: _____								FED. TAX, STATE TAX, FICA (SOC. SEC.), TRAINING, FUND ADMIN, PERSN, HEALTH & WELFARE, VAC HOLIDAY, SAVING, TRAV. SUBS., OTHER, TOTAL DEDUC. TIONS, PENSION, TOTAL DEDUC. TIONS								

FORM A-4-631 (REV 1-60)

8 - EMPLOYEE TIME
 O - OVERTIME
 SMI - STATE DISABILITY INSURANCE

*NOTE - Any other deductions, contributions and/or payments whether or not included or required by prevailing wage determinations must be separately listed. Use extra sheets if necessary.

CERTIFICATION MUST be completed (See reverse side)

Statement of Compliance

(Certification Under Penalty of Perjury)

Date: _____ at _____

I, _____ do certify under penalty of perjury
(Name of Signatory Party) (Title)

(1) That all of the information in this report is true and correct.

(2) That I pay or supervise the payment of the persons employed by _____
(Contractor or Subcontractor)

on the _____, that during the payroll period commencing on
(Building or work)

the _____ day of _____, 20____ and ending the _____ day of _____

20____, 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 _____

(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been either directly or indirectly from the full wages earned by any person, other than permissible deductions, as described below:

(3) 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 he/she performed.

(4) That any apprentices employed in the above period are duly registered in a *bona fide* apprenticeship program registered with a State apprenticeship agency.

(5) 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 5(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 5(c) below.

(c) EXCEPTIONS:

Description	Amount
Remarks:	
Name and Title:	Signature:

Information in this report is submitted pursuant to Section 1770 through 1780 of the California Labor Code.

On federally funded projects, permissible deductions are defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. § 48 63 Stat. 104, 72 Stat.357; 40 U.S.C. 276c).

Also the willful falsification of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution (Section 1001 of Title 18 and Section 231 of title 31 of the United State Code)