STATE OF HAWAII DEPARTMENT OF TRANSPORTATION HIGHWAYS

CERTIFIED PAYROLL CHECKLIST

Project Name:	Week Ending Date:	
General Contractor:	Pay Date:	
Subcontractor:	Date Received:	
Submittal Name:	Checked By:	
FOR PROJECTS REQUIRING PAYROLL SUBMITTALS:		CHECK IF COMPLIANT
1. Payroll submitted within seven (7) days of payday.		
 State: §104-3(a), HRS; §12-22-10, HAR State "A certified copy or shall be submitted weekly to the contracting agency" Federal: 29 C.F.R. § 5.5(a)(3)(ii)(A), The contractor shall submit week in which any contract work is performed a copy of all payrol 3.4(a) Each weekly statement must be delivered or mailed by the c subcontractor, within seven days after the regular payment date of period, to a representative of a Federal or State agency contracting financing the building or work. Calculated calendar days lapsed between Date Received and Pa 	weekly for any ls. 29 C.F.R. § contractor or the payroll for or	
2. Compliance/Certification Statements (check one, FAP or State Project		
 a. Federal Aid Projects - 29 C.F.R. § 5.5(a)(3)(ii)(B) Each weekly pa accompanied by a "Statement of Compliance." 	lyron submitted must be	
b. State Projects - Statement of Certification		
3. Laborers and Mechanics per §104-2(d), HRS for State "within five we	orking days after the	
cutoff date"		
Calculated calendar days lapsed between Pay Date and Week E	nding Date	
4. No Deductions or Rebates, except for legal deductions		
5 & 6. Prevailing Wage Rate is the sum of the Basic Hourly Rate and the F Basic Hourly Rate and Fringe Hourly Rate paid matches or exceeds W Wage Determination for the appropriate Classification, and only author	age Rate Schedule /	
7. Current WRS Being Referenced		
New Wage Rate Schedule/Wage Determination? Yes No		
Laborers & Mechanics paid at the new rates? \Box Yes \Box No		
8. Overtime rates paid for Laborers & Mechanics working more than 40 l Saturday, Sunday, or legal holiday of the State; or for more than eight		
9. Payroll Includes, §104-3(b), HRS; §12-22-10, HAR for State "records	requirements":	
a. Name of employee		
b. Individually identifying number (Last 4 digits of SSN or other nun	ıber)	
c. Home Address (for State Funded Projects Only)		
d. Classification (as shown in Wage Rate Schedule or Wage Determi	nation)	
e. Hourly rate of pay		
f. Daily and Weekly number of hours worked		
g. Total straight-time, overtime, and gross earnings for the week		
h. Amount and purpose of each deduction made		
i. Actual (net) wages paid		

	DOT 4-824 (HWY-C 01/22)
j. Date of payment	
k. For apprentices, proof apprentice is party to an agreement registered or recognized as a federal Department of Labor nationally approved apprenticeship agreement	
10. Certified payrolls must show the specific job classification as listed in Wage Rate Schedule or Wage Determination, and must match the actual work performed	
 11. Fringe benefits paid by the contractor include: a. Health and welfare benefits, b. Pension and annuity benefits, c. Vacation benefits, d. Continuing education and training benefits, e. Others. 	
 12. Fringe benefits paid by the contractor include: a. Federal and State taxes, b. FICA (Social Security and Medicare) taxes, c. Health and other insurance premiums, d. Retirement plan contributions, e. Savings, f. Union dues, g. Garnishments, h. Child support, i. Others. 	

WAGE AND FRINGES FOR USE IN CHECKING CERTIFIED PAYROLL

Labor Classification	ST Wages	OT Wages	Fringe	ST. Prev. Wage	OT Prev. Wage
Wess Date Defense	ı	1		1	1

Wage Rate Reference:

