

CITY OF SANTA BARBARA LIVING WAGE REPORTING FORM

Name of Contractor:				Address:								
Payroll No.:				For Week Ending:				PO number:				
HOURS WORKED EACH DAY												
Instructions: Enter work date such 5-10-10 for Monday, May 10	DATE											
EMPLOYEE NAME & LAST 4 NUMBERS OF SSN	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL HOURS	HOURLY RATE OF PAY	DEDUCTIONS	HEALTH BENEFITS PAID	

CERTIFICATION MUST BE COMPLETED FOR EACH PAYROLL PERIOD AND SIGNED and MAILED TO:
ATTN: PUCHASING DEPARTMENT/LIVING WAGE, P.O. BOX 1990 SANTA BARBARA, CA 93102

Use additional sheets as necessary for additional employees and for other than weekly payrolls

I, _____, the undersigned, the _____ with the authority to act for and on the behalf of
(Print Name) (Position in Company or Title)

_____, certify under penalty of perjury that the records or copies thereof submitted and consisting of _____
(Name of business/contractor) (no. of pages)

are originals or true, full, and correct copies of the originals which depict the payroll record(s).

Date Signature

NOTE: Contractor may provide reports from their payroll system in lieu of the City form if it contains the same information and is certified under the penalty of perjury to being accurate. **Form to be provided after each payroll period (e.g., weekly, bi-weekly, or monthly).**