Labor Standards Monitoring Form

**Grantee: Grant Number:**

**Prepared by: Prepared Date:**

**Project Name:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Labor Standards Administration** | | | | | | | |
| 1. | Who requests the wage determination? | | | | |  | |
| 2. | Who conducts the employee interviews? | | | | |  | |
| 3. | Who receives and reviews the payroll and verification of wages? | | | | |  | |
| **Pre-Bid Meeting & Bid Opening** | | | | | | | |
| 4. | Date of Pre-Bid Meeting: | |  | | | | |
| 5. | Are minutes of the pre-bid meeting & sign-in sheet in the file? | | Yes  No | | | | |
| 6. | Does the pre-bid minutes indicate discussion of compliance requirements? | | Yes  No | | | | |
| 7.. | Bid Opening Date: | |  | | | | |
| **Contractor / Sub-Contractor Information** | | | | | | | |
| 8. | Contractor/Sub-Contractor Name & Address: | |  | | | | |
| Type of Construction (water, sewer, hook-up, etc.) | |  | | | | |
| Type of Contractor: | | Prime  Sub | | | | |
| Tax ID #: | |  | | | | |
| Contract Date: | |  | | | | |
| Contract Amount: | |  | | | | |
| Contractor is: | | MBE  WBE  Section 3  HUB | | | | |
| 9. | Is the wage decision (WD) in the contract?  If yes, list the WD number(s). | | Yes  No | | | WD:  ***(Attach a copy of WD)*** | |
| 10. | Were additional classifications needed?  If yes, are they in the file? | | | | ☐ Yes ☐ No    ☐ Yes ☐ No ☐ N/A | | |
| 11. | Is there a Section 3 plan?  *Section 3 is triggered if contract is $100,000 or more for FY19 grants and older*  *Section 3 is triggered if total grant is $200,000 or more for FY20 grants and newer* | | | | Yes  No  N/A  Yes ☐ No ☐ N/A ☐ | | |
| 12. | Does the file contain certification of contractor eligibility? ***(Attach Copy)*** | | | | Yes  No | | |
| **Pre-Construction Conference/Meeting** | | | | | | | |
| 13. | Date of Pre-Construction Conference/Meeting: | | | | | |  |
| 14. | Are minutes of the pre-construction conference/ meeting in the file? | | | | | | Yes  No |
| 15. | Does the pre-construction minutes indicate discussion of compliance requirements? | | | | | | Yes  No |
| 16. | Date of the Start of Construction / Notice to Proceed: | | | | | |  |
| 17. | Has the recipient notified DWI of the start of construction? | | | | | | Yes  No |
| **Worker Sample 1 (Provide specific explanations for any No answers to questions)** | | | | | | | |
| 18. | Contractor/Sub-Constructor Name: |  | | | | | |
| 19. | Payroll Number: |  | | | | | |
| Employee Name: |  | | | | | |
| Rate Paid: |  | | | | | |
| Classification: |  | | | | | |
| Decision Rate: |  | | | | | |
| Is the rate paid equal to or more than the wage rate on the wage decision for the classification? | | | ☐ Yes ☐ No | | | |
| Did the employee work more than 40 hours in the week?  If yes, was the correct overtime paid? | | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | | | |
| Are all payroll deductions permissible under Labor Standards regulations? | | | ☐ Yes ☐ No | | | |
| Is there an employee interview for this employee?  If yes, does the interview verify the correct work classification? | | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | | | |
| **Worker Sample 2 (Provide specific explanations for any No answers to questions)** | | | | | | | |
| 20. | Contractor/Sub-Constructor Name: |  | | | | | |
| 21. | Payroll Number: |  | | | | | |
| Employee Name: |  | | | | | |
| Rate Paid: |  | | | | | |
| Classification: |  | | | | | |
| Decision Rate: |  | | | | | |
| Is the rate paid equal to or more than the wage rate on the wage decision for the classification? | | | ☐ Yes ☐ No | | | |
| Did the employee work more than 40 hours in the week?  If yes, was the correct overtime paid? | | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | | | |
| Are all payroll deductions permissible under Labor Standards regulations? | | | ☐ Yes ☐ No | | | |
| Is there an employee interview for this employee?  If yes, does the interview verify the correct work classification? | | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | | | |
| **Worker Sample 3 (Provide specific explanations for any No answers to questions)** | | | | | | | |
| 22. | Contractor/Sub-Constructor Name: |  | | | | | |
| 23. | Payroll Number: |  | | | | | |
| Employee Name: |  | | | | | |
| Rate Paid: |  | | | | | |
| Classification: |  | | | | | |
| Decision Rate: |  | | | | | |
| Is the rate paid equal to or more than the wage rate on the wage decision for the classification? | | | ☐ Yes ☐ No | | | |
| Did the employee work more than 40 hours in the week?  If yes, was the correct overtime paid? | | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | | | |
| Are all payroll deductions permissible under Labor Standards regulations? | | | ☐ Yes ☐ No | | | |
| Is there an employee interview for this employee?  If yes, does the interview verify the correct work classification? | | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | | | |
| **Payroll / Employee Interview Review** | | | | | | | |
| 24. | How often were employee interviews conducted by the grantee? | | | | | |  |
| 25. | Were a representative number of trades covered? ***(Attach reviewed interview documents)*** | | | | | |  |
| 26. | Are payrolls submitted weekly? | | | | | | ☐ Yes ☐ No |
| 27. | Are payrolls numbered? **(*Attach copy of reviewed payrolls)*** | | | | | | ☐ Yes ☐ No |
| 28. | Are payrolls signed by the employer or authorized representative? | | | | | | ☐ Yes ☐ No |
| 29. | Are any workers paid as apprentices or trainees?  If yes, does the file contain appropriate apprentice/trainee registration records? ***(Attach documents)*** | | | | | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A |
| 30. | Were there any payroll corrections reviewed during visit? **If yes, attach.** | | | | | | ☐ Yes ☐ No |

|  |  |  |
| --- | --- | --- |
| **Site Visit** | | |
| 31. | Is the type of construction consistent with the contract documents and wage decision? | ☐ Yes ☐ No |
| 32. | Is the wage decision posted at the site of work in a prominent place readily accessible to workers? ***(submit pictures)*** | ☐ Yes ☐ No |
| 33. | Are the following items posted (Eng & Spn) and filled in where necessary?  E & S - WH1321 Notice to Employees (Employee Rights)  Minimum Wage  Equal Opportunity  OHSA  Workers Compensation  E-Verify  If You Have the Right to Work | ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No |
| **Notes:** | | |

***List or attach supporting documentation or notate items reviewed to support work performed where deemed necessary for all questions listed on this monitoring checklist***

**Grantee Representative: Date:**

**CDBG-I Grants Representative: Date:**

**CDBG-I Supervisor: Date:**