NJEDA Federal Form WH-347

Certified Payroll Report (CPR) Review Check List Instructions:

This checklist is a tool to ensure accuracy when completing the CPR prior to submission to the NJEDA Hurricane Sandy, Labor Standards Compliance group.

When completing a CPR, please:

- 1. Follow the numbered guide step by step
- 2. Check off steps as you complete the CPR.

NOTE:

Do not place a check in the "Completed" box without accurately completing the step. This will cause the CPR to be REJECTED and returned to the GC

If you have any questions about this or any form please do not hesitate to contact the NJEDA Sandy, Labor Standards Compliance group:

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ALL QUESTIONS ARE WELCOMED. WE ARE HERE TO HELP!

	PAGE ONE The Header	Yes, I have completed this step. ✓
1	Select the contractor or subcontractor box.	
2	Include your contractor/subcontractor name.	
3	Enter your Company's address.	
4	Enter the payroll number in consecutive order. a.) Write INITIAL if it is the first CPR submitted. b.) Write FINAL if it is the last CPR submitted. c.) Write REVISED if restitution was paid and it is a corrected CPR. This is the ONLY time you can use the word "revised"	
5	Enter the correct Week Ending date.	
6	Enter the project name and location for this project.	
7	Enter the Project Number. Do you know your EDA Project (P#) number?	

	PAGE ONE	Yes, I have
	The Body	completed
	Certified Payroll Entry	this step. ✓
8	Column 1, list the employee's name and the last four digits of his Social Security Number	
0	(e.g XXX-XX-1234)	
	Column 3, list the Work Classification (trade) of the employee	
	**Specify trade (e.g. Operating Engineer what type of equipment from the Official Wage	
9	Determination?)	
	a.) Include what class type (F=Foreman, J=Journeyman, AP=Apprentice)	
	b.) Attach the NJ Approved Apprenticeship Certification for each apprentice listed	
10	Column 4 TOP ROW, enter a letter for the day of the week (S=Sunday, M=Monday)	
11	Column 4 BOTTOM ROW, enter the date in the day of week, (the last date entered should match the	
	week ending in the header)	
12	Column 4 list the HOURS WORKED EACH DAY – O=overtime, S=straight time	
13	Column 5, enter the total hours worked for overtime (O) and straight time (S)?	

	Column 6, after reviewing the Official Wage Determinations and the Project Wage Rate sheet enter employee's Rate of Pay.	
	a.) Was the higher of the prevailing wages paid for Foreman and Journeyman? HINT: Check the verified Project Wage Rate Sheet	
	NOTE:Apprentice calculations are listed per trade in the PWD	
14	b.) For union employees or companies that pay to a plan or fund, HANDWRITE fringe amount in the box next to the base (cash) rate of pay?	
	c.) Accurately calculate OT base rate and fringe based on your Official Wage Determinations. (e.g. inclusive of benefits)	
	d.) If overtime was worked accurately calculate the time (e.g. 5, 8 hr days with OT starting in	
	the 9th hr, or 4, 10-hour days with OT in the 11th hour, per day).	
	e.) Review wage determinations to verify when double time OT rate is triggered?	
	Column 7 – Calculate the gross amount	
	a.) Top Diagonal Box- Enter the gross amount on <i>this project</i> by calculating the hours worked	
15	times the Rate of Pay.	
	b.) Bottom Diagonal Box- Enter the total gross amount for all work completed this week on all jobs.	
	NOTE: This box will either be the same or higher than the top portion of the diagonal box	
	Columns 8 and 9- Enter employee's Deductions and Net Pay for the week.	
16	NOTE: The EDA does not calculate Deductions and Net Pay. The EDA only verifies true	
10	deductions as per the Davis-Bacon and Related Acts.	

	PAGE TWO Statement of Compliance	Yes, I have completed this step. ✓
17	Left Side- Enter the information required and ensure the Week Ending date matches the first page. HINT: The week ending date must match in 3 places: Header, Column 4 (day/date), and Statement of Compliance Left Side.	
18	Item 4- Select the appropriate box, or both boxes depending on how the employee's fringe is paid. OPTIONS a.) Select Box A ONLY if benefits are paid to an approved plan, program, or fund. b.) Select Box B ONLY if fringe is paid in all cash. c.) Select both Box A and B if a portion of the fringe is paid to a plan, program, or fund and the remaining fringe is paid in cash.	
19	Item 4- If you selected Box A, include a copy of the Fringe, Plan or Program Contribution Report. HINT: This includes all Union Reports and Non Union fringe plans.	
20	Lower Right side- Sign in BLUE ink Page 2 Statement of Compliance. a.) Must be signed by an officer of the company (e.g. Owner) b.) For additional signers, provide a notarized letter giving authority for someone other than an officer of the company to sign certified payrolls. HINT : By definition "Signatory Party"(left side) is the person who is authorized to sign.	
21	General Contractors mail ORIGINAL CPRs to the NJEDA. Sub-Contractors mail ORIGINAL CPRs to the General Contractor to forward to the NJEDA.	

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