




The Illinois Prevailing Wage Act
Overview Training

ILLINOIS DEPARTMENT OF LABOR

Prevailing Wage History & Significance

- The federal Davis Bacon Act was enacted in 1931 with widespread support including Sen. James J. Davis (R-PA), Rep. Robert L. Bacon (R-NY) and others. It was signed into law by Republican President Herbert Hoover.
- The legislative intent of the Act was clear: all construction workers are to be protected from abusive industry practices. Mandating the payment of local, "prevailing" wages on federally-funded construction projects not only stabilized local wage rates and labor standards for local wage earners and local contractors but also prevented migratory contracting practices which treated workers as exploitable indentured servants.
- The State of Illinois adopted its own prevailing wage law in 1941.
- The law is intended to help local contractors and local workers, keeping local tax dollars circulating through the local economy.

What is the Prevailing Wage Act?

- The Prevailing Wage Act governs the wages that a contractor or subcontractor is **required to pay** to all laborers, workers and mechanics who perform work on **public works projects**.
- The Act also sets forth the record keeping requirements for a contractor or subcontractor and sets forth the obligations of municipalities and other public bodies to notify in writing all contractors and subcontractors regarding the Prevailing Wage Act when bidding and awarding contracts, as well as on work orders.

What are “prevailing” wages?

The terms “prevailing rate of wages” or “prevailing” wages means:

- The hourly cash wages plus annualized fringe benefits for training and apprenticeship programs, health and welfare, insurance, vacations and pensions paid generally in the locality in which the work is being performed, to employees engaged in work of a similar character on public works.

- IDOL establishes these rates that “prevail” for each trade classification, per county, annually. These rates are updated throughout the year, so it is critical to check back and review the rates on our website.

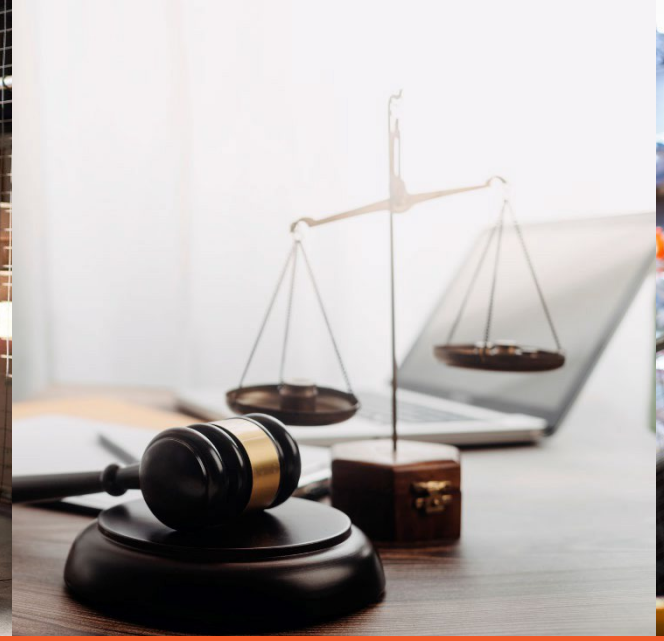
What are “public works”?

- All fixed works constructed by any public body.
- Work financed in whole OR part with public funds, including but not limited to general revenue funds; capital funds; bonds; grants; and loans.
- Renewable energy projects required to pay prevailing wage pursuant to the Illinois Power Agency Act.
  - → Includes solar in Illinois Shines/Adjustable Block program after 9/15/21.
  - → Exclusions for residential and houses of worship.
- Construction projects performed by a third-party contracted by any public utility.

Certified Transcript of Payroll Records

- All public works contractors on prevailing wage covered projects are required to submit certified transcripts of payroll to confirm wage rates paid.
- Certified transcript of payroll must be filed in the Department's online database by the 15th of the following month.
- Any contractor and each subcontractor who participates in a public works project must make and keep all supporting time and payroll records for 5 years.
- Members of the public may create account to upload or search: https://labor.illinois.gov/laws-rules/conmed/certifiedtranscriptofpayroll.html






Certified Transcript of Payroll

dol.certifiedpayroll@illinois.gov

ILLINOIS DEPARTMENT OF LABOR

Login Page

1 Creating an Illinois Public ID Account

- You will need to create an Illinois **Public ID Account**.
- To create an Illinois Public ID Account click https://accounts.illinois.gov
- Click "Create a new Account" and complete the registration form.
- Once your account is created, continue with the instructions below

2 Certified Transcript of Payroll Portal

- After your Illinois Public ID Account is created you can access the certified transcript of payroll portal using the URL: https://webapps.illinois.gov/DOL/PayrollCertification/
- After clicking the link above, select "Public Account" and login using the username/password you just created.



Pay Period

All fields marked with asterisk(*) are required

Payroll Start Date* : The start date of the pay period (01/01/2021)

Payroll End Date* : The end date of the pay period (01/01/2021)

Federal Employer Identification Number*
: Contractor license number or FEIN that a contractor is operating their business legally.

Project Number* : A unique number or short name assigned to the project

Project Address* : Location of the project Ex -: **900 S Spring Street**

Project City* : City of the project Ex -: **Springfield**

Project State* : State of the project Ex -: **Illinois**

Project County* : County of the project: **Sangamon**

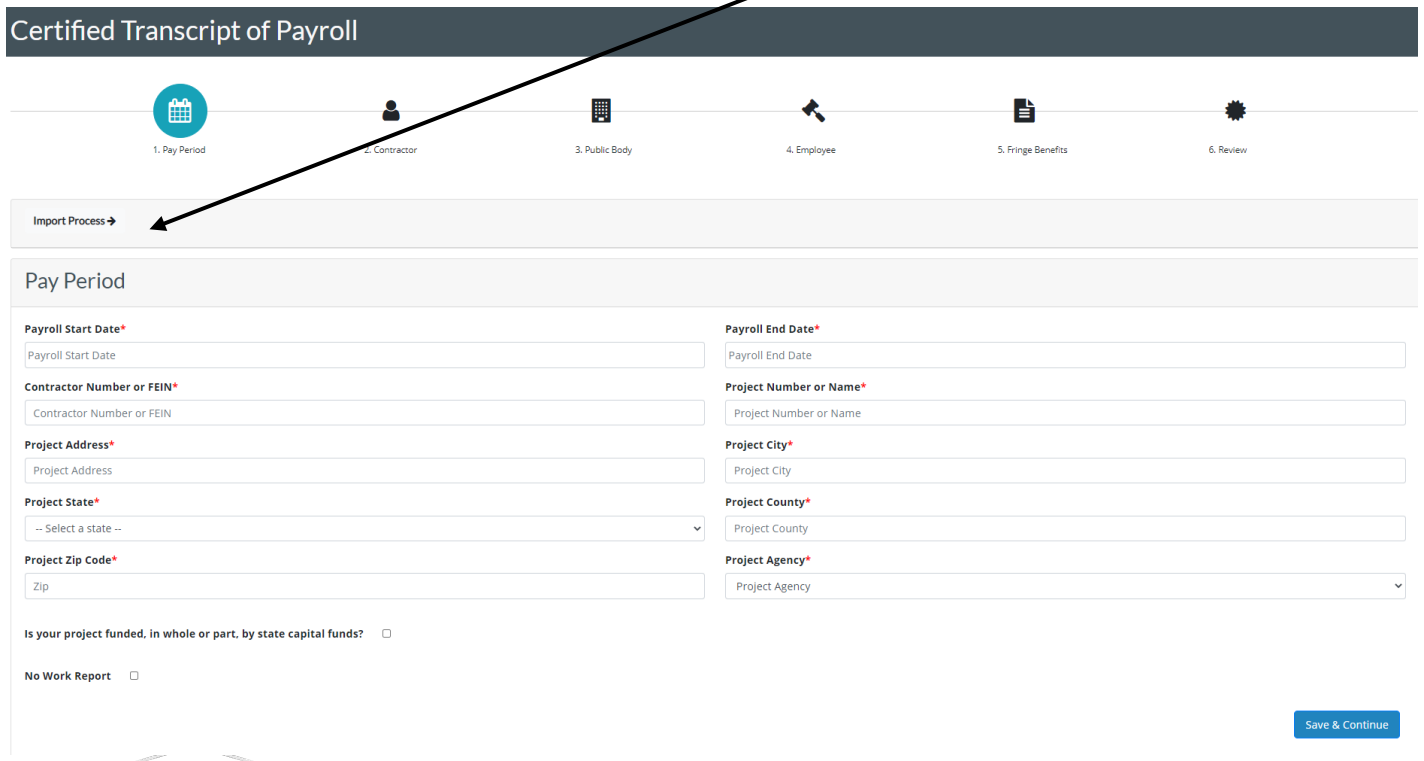
Project Zip Code* : zip code Ex -: **62704**

Agency*: If project is performed for a state agency, choose appropriately. If the public body is not an agency, choose “Not a State Agency”

State Capital Fund or Rebuild Illinois Project: Checkbox

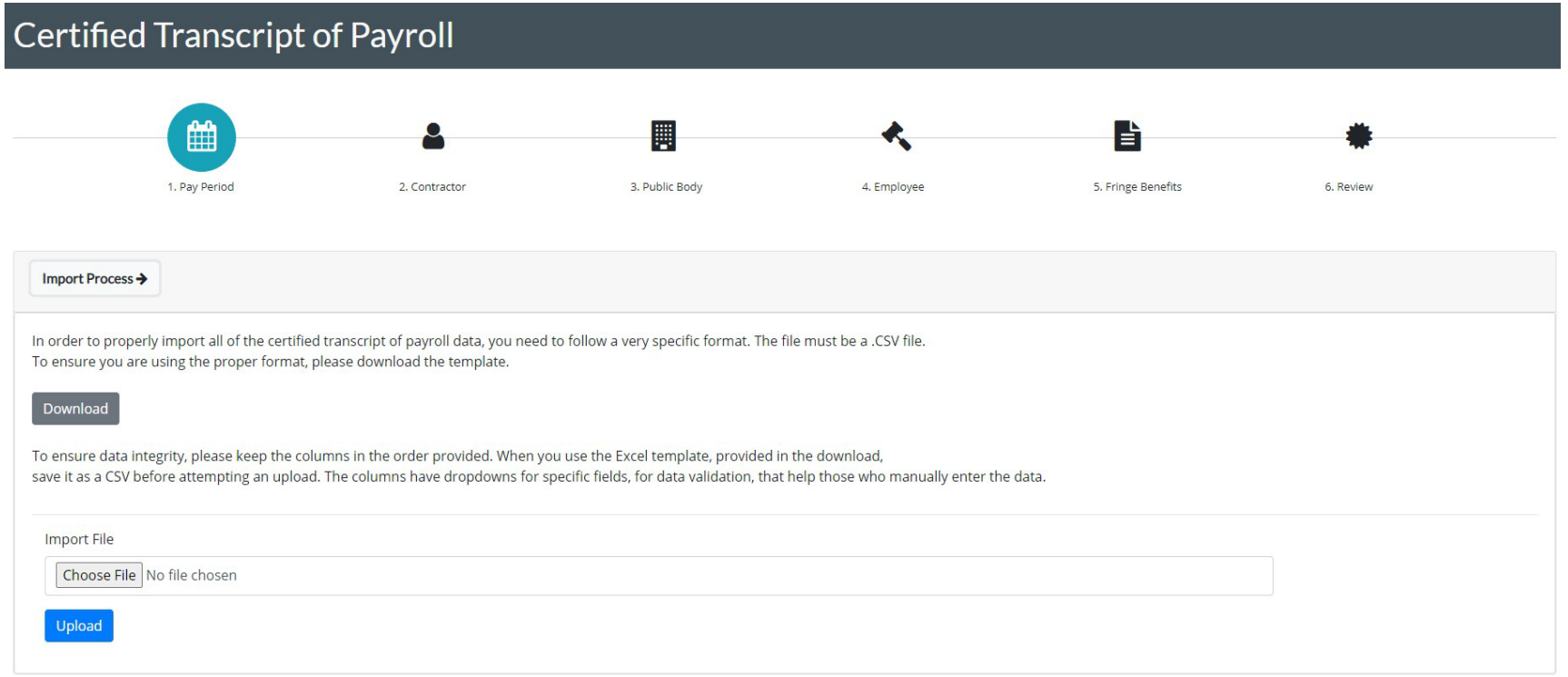
No Work Report: Checkbox for payrolls with no time to report.

*Payroll can be submitted in one of two way either: manually or upload a file template provided by IDOL. If you choose to upload a file, upload it on this screen, here.



Full Import Process

The full import process allows you to upload all of the required fields with a CSV file. You can download the template.



Requirements:

1. CSV File
2. Follow Template's Column Names
3. Data in appropriate format
   (See Template)

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	PayrollSta	PayrollEnd	ContractNumber	ProjectNu	ProjectAddress	ProjectCounty	ProjectCountyFIPSCode	ProjectCity	ProjectState	ProjectZip5	Zip4	RebuildIllinois	CompanyName
2	7/1/2020	7/15/2020	First	Last	900 S Spring St			Springfield	IL	62704		1	IL Dept of Labor

AR	AS	AT	AU	AV	AW	AX	AY
PrimaryPhone	Secondary	WorkClassification	GeographicDivision	ClassType	ClassCode	PostalAddress	County
3095555555	3.1E+09	Carpenter				900 S Spring St	
3095555555	3.1E+09	Carpenter				900 S Spring St	

CO	CP	CQ	CR	CS	CT	
HourlyTrainingAccrued	HourlyOtherInsurance	AddOT15	AddOT20	IsFundJointlyManaged	PrevailingDoubleTimeHours	Nor
0				0	0	
0				0	0	

GeographicDivision – Options: ALL,N,NE,E,SE,S,SW,W,NW

ClassType – Options: ALL,BLD,FLT,HWY,O&C,RIV

ClassCode – Options: 1-14 (if applicable)

HourlyOtherInsurance

Other type of insurance provided for the benefit of the worker. (if applicable)

AddOT15

Additional benefit amount owed to the worker as a result of working overtime at a rate of 1.5 times the hourly rate.(if applicable)

AddOT20

Additional benefit amount owed to the worker as a result of working overtime at a rate of 2.0 times the hourly rate. (if applicable)

Current Prevailing Rates on the DOL Website

Adams County Prevailing Wage Rates

Trade Title	Rg	Type	C
TRUCK DRIVER	All	ALL	1
TRUCK DRIVER	All	ALL	2
TRUCK DRIVER	All	ALL	3
TRUCK DRIVER	All	ALL	4
TRUCK DRIVER	All	ALL	5
TRUCK DRIVER	All	O&C	1

*The PDF reports of the completed certified payroll will be sent to the primary and secondary email addresses in this section.

Contractor and/or Subcontractor

All fields marked with asterisk(*) are required

Company Name* : Contractor Company Name

Contact First Name* : First Name of Contact person

Contact Middle Name : Middle Name of Contact person.

Contact Last Name* : Last Name of Contact person for project

Postal Address* : Location of the project Ex -: **900 S Spring Street**

City* : City of the project Ex -: **Springfield**

State* : State of the project Ex -: **Illinois**

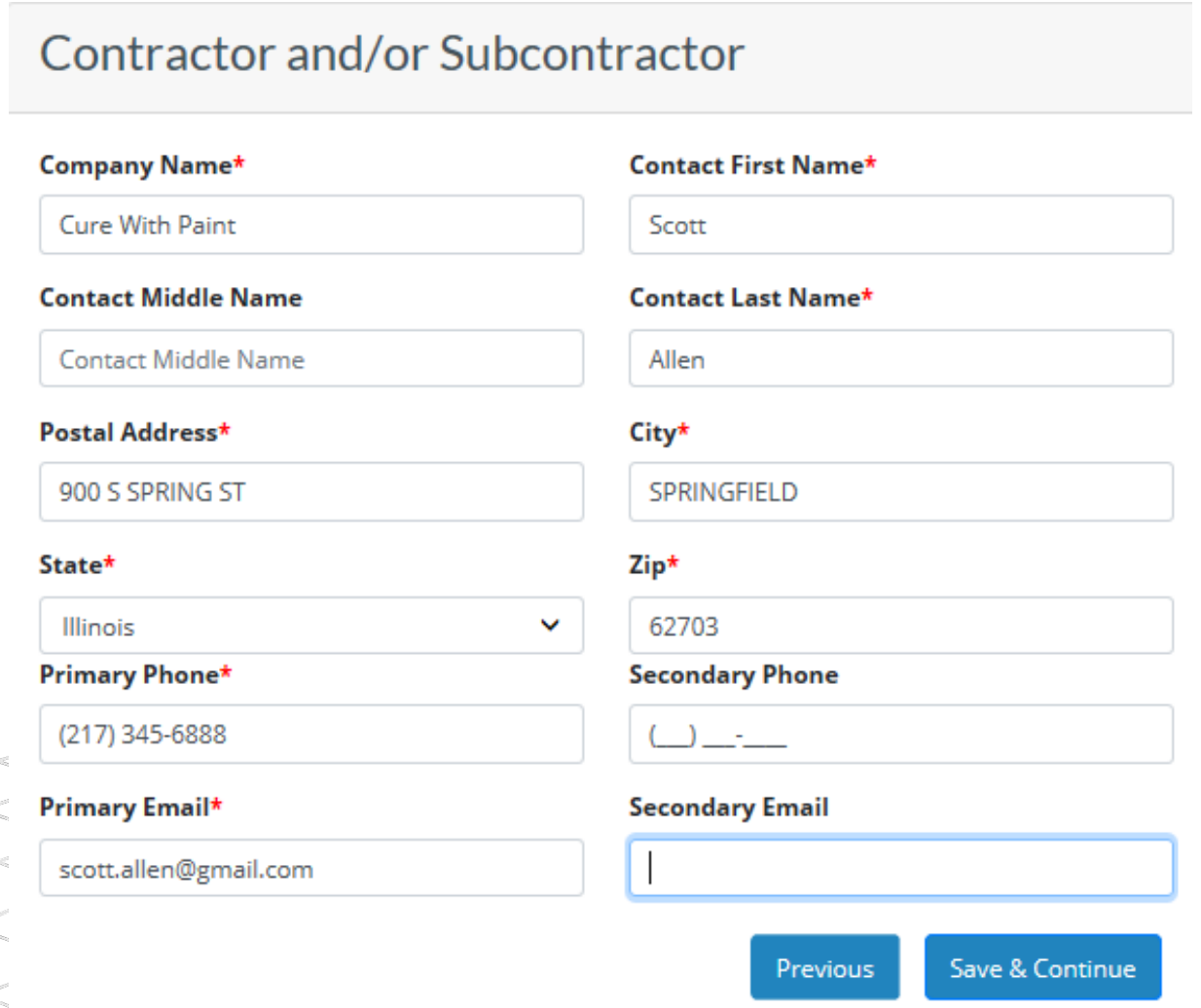
Zip* : zip code Ex -: **62704**

Primary Phone* : Phone number of the contractor

Secondary Phone : Secondary number of the contractor

Primary Email* : Primary Email of the contractor

Secondary Email : Secondary email of the contractor



Public Body Information

All fields marked with asterisk(*) are required

Public Body Name* : Public body name

Contact First Name : First name of public body contact person

Contact Middle Name : Middle name

Contact Last Name : Last name of public body contact person

Postal Address* : Location of the project Ex -: **900 S Spring Street**

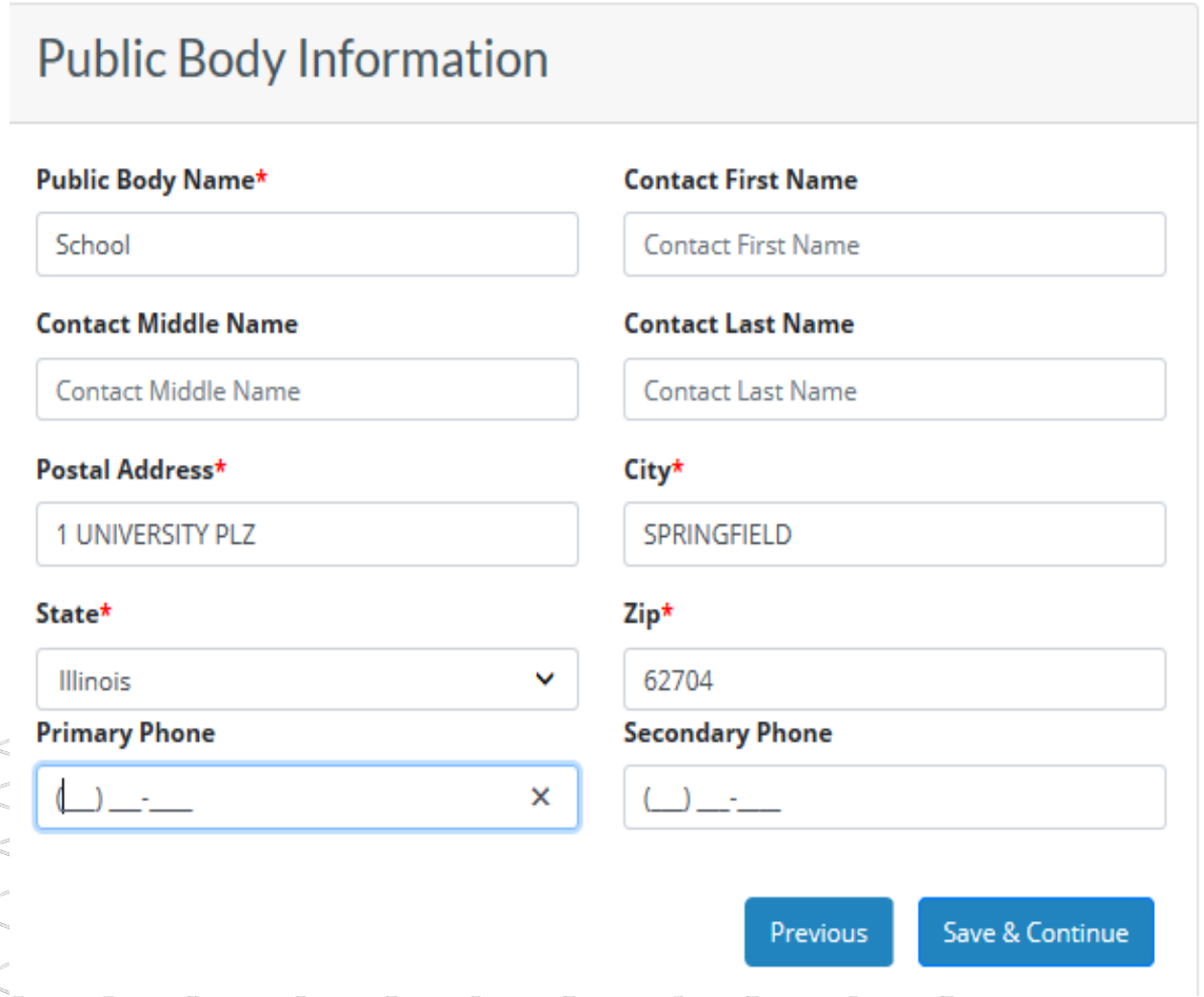
City*: City of the project Ex : **Springfield**

State* : State of the project Ex : **Illinois**

Zip* : zip code Ex : **62704**

Primary Phone -: Phone number of the public body contact person

Secondary Phone -: Secondary number of the public body contact person



1. Pay Period

2. Contractor

3. Public Body

4. Employee

5

Adams County Prevailing Wage Rates

Trade Title	Rg	Type	C
TRUCK DRIVER	All	ALL	1
TRUCK DRIVER	All	ALL	2
TRUCK DRIVER	All	ALL	3
TRUCK DRIVER	All	ALL	4
TRUCK DRIVER	All	ALL	5
TRUCK DRIVER	All	O&C	1

Employee Details

First Name* First Name

Middle Name Middle Name

Last Name* Last Name

Postal Address* Postal Address

City* City

State* -- Select a state --

Zip* Zip

Primary Phone* Phone Number

Last 4SSN* Last 4SSN

Work Classification* Work Classification

Geographic Region	Class Type	Class Code
Dropdown Options: All,N,NE,E,SE,S,SW,W,NW	Dropdown Options: ALL,BLD,FLT,HWY,O&C,RIV	Dropdown Options: 1-14 (if applicable)

Gender* -- Select a Gender --

Ethnicity* -- Select Ethnicity --

Race* -- Select Race --

Is Veteran* ○ Yes ○ No

Apprentice ☐

Journeyman ☐

Foreman ☐

No Work to Report ☐

Hours worked each day								Total Straight Time Hours	Total OT Hours	Double Time Hours	Hourly Wage Rate	OT Wage Rate	Double Time Wage Rate	Per Pay Period	
Hours Worked	SUN	MON	TUE	WED	THR	FRI	SAT							GROSS	NET
Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Non Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Hourly Fringe Benefit (Rate) :

Pension Retirement

Pension Retirement

Health Insurance Welfare

Health Insurance Welfare

Vacation

Vacation

Training

Training

Other Insurance

Other Insurance

Add OT 1.5 | Add OT 2.0

Save | Clear Form

Employees

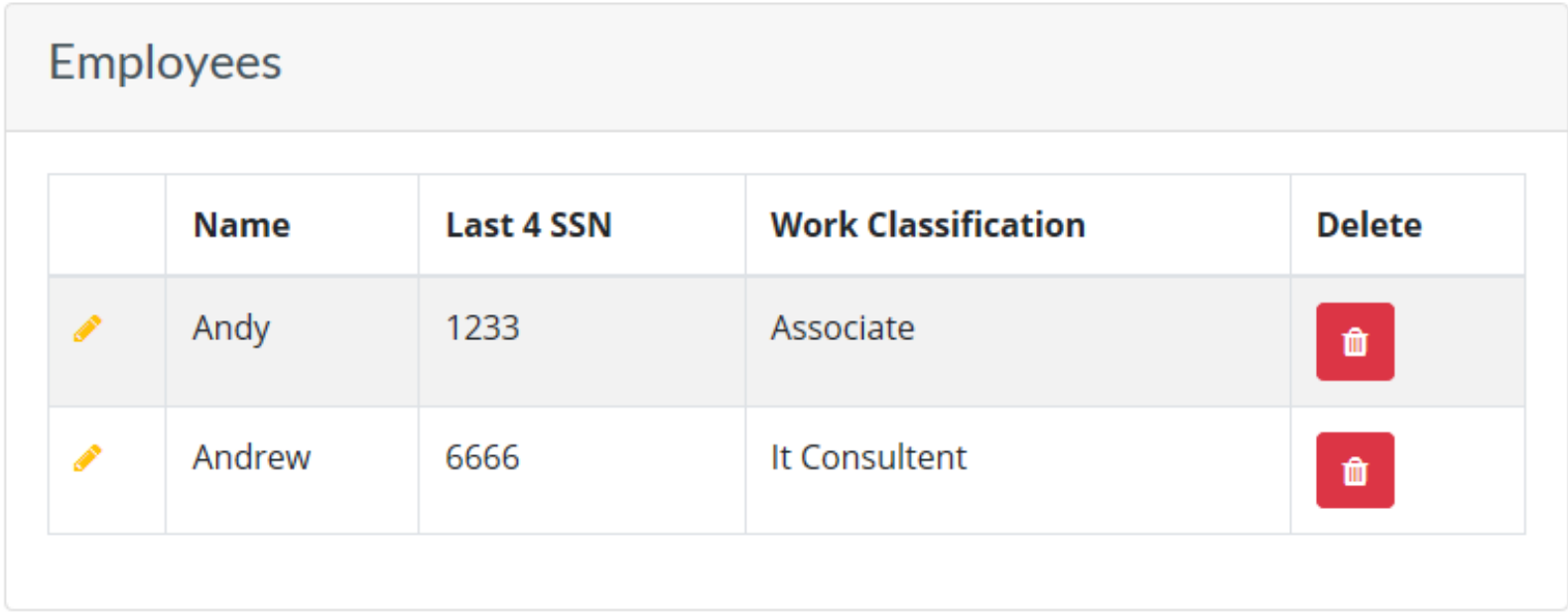
	Name	Last 4 SSN	Work Classification	Delete
No Employees have been entered.				

Previous | Continue

Note: You have not added any employees to this payroll.

Saved Employee Details

1. At the end of the page, we can see the saved employee details
2. Click on  to edit or view the employee details
3. Click on save and continue to save the employee details.



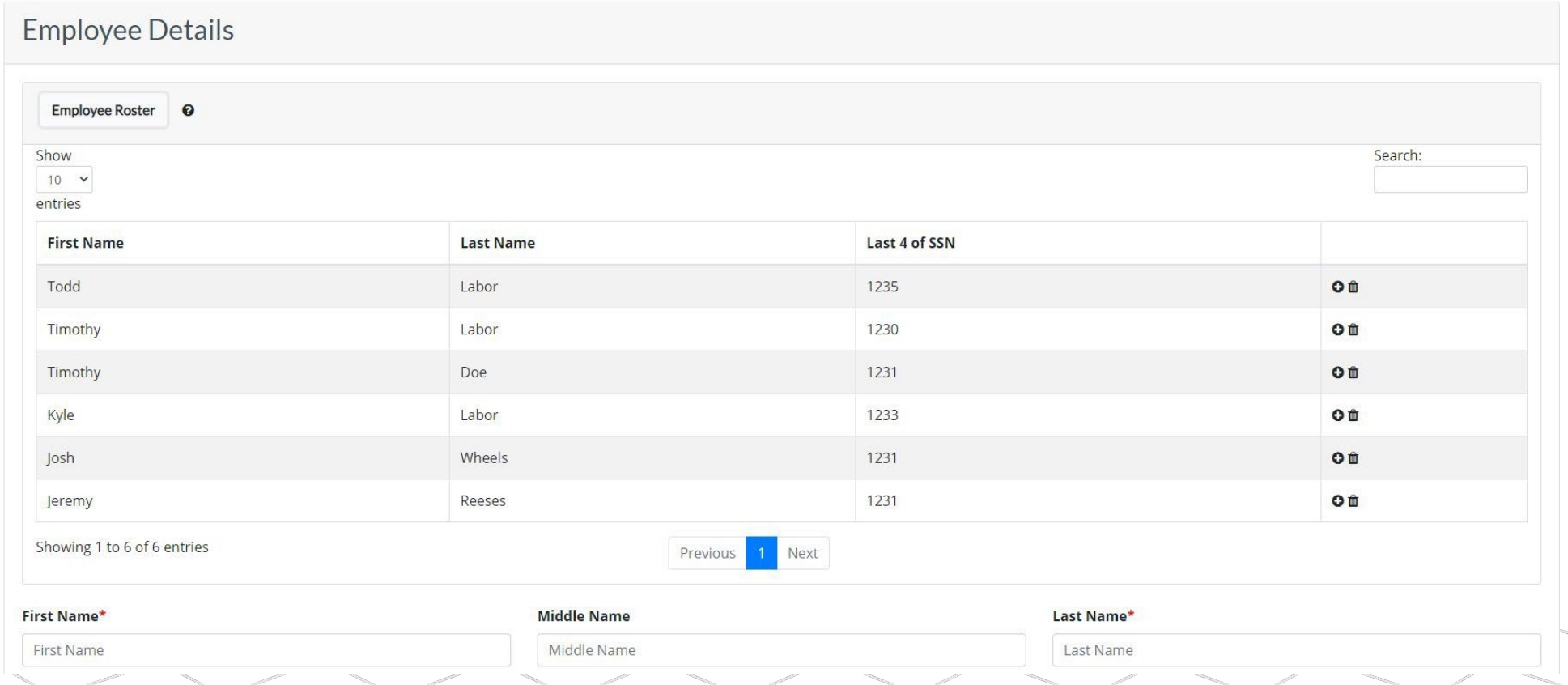
Employee Roster

The Employee roster section is a repository for all your most recent employees that you have added to a payroll.

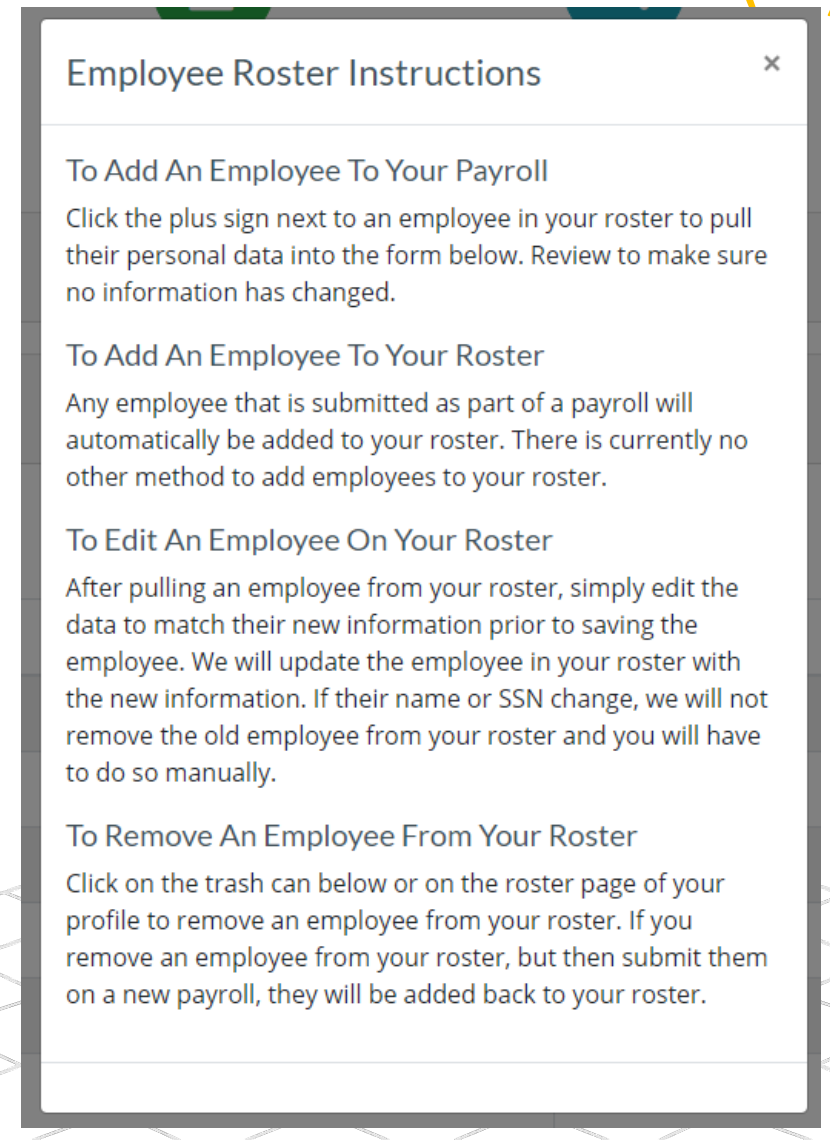
Select the question mark for instructions as needed.

Click on the plus icon to autofill the employee's information to the fields below.

To update the record, just select the plus icon and make necessary adjustments. When you save the employee, their information will be ready for the next payroll.



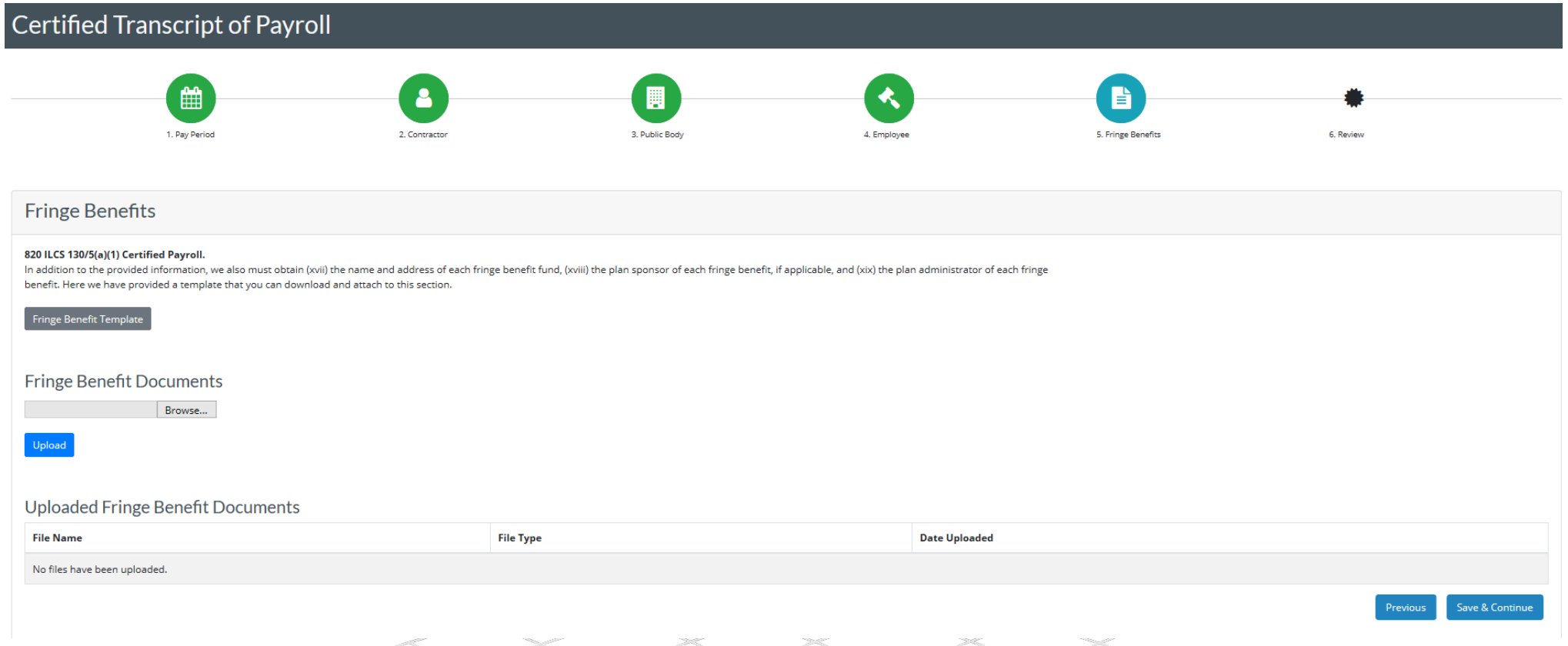
Employee Roster Instructions (?)



Fringe Benefits

You must submit a document, unless it is a No Work Report. The notification <u>will not</u> be in the lower right corner if No Work Report is checked in the pay period section.

***A No Work Report is not required by the Act.**



*You must submit a document to continue.

Note: No Work reports do not require fringe benefit documents.

***Subcontractors must file their own CTP, this form needs to be updated.**

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: _____

I, _____ .
(name signatory party)

_____ , do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project _____ ;
(name of project)

that during the payroll period commencing on the _____ day of _____ , _____ .
(day) (month) (year)

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

_____
(name of contractor or subcontractor)

from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

_____
Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Print Form

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: _____
Contact Person: _____
_____
(Address)
_____ _____ _____
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____
(Address)
_____ _____ _____
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____
(Address)
_____ _____ _____
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____
(Address)
_____ _____ _____
(City) (State) (zipcode)
Telephone Number: _____

IL452CM01

Review Page

Review

Pay Period

Pay Period	3/1/2020 to 3/15/2020
Contract Number	C456789
Project Number	P12345
ProjectAddress	1673 SEVEN PINES RD SPRINGFIELD, IL 62704

Contractor or Subcontractor

Company Name	Moore Concrete Inc
Contact First Name	Jason Keller
Primary Phone	2174567899
Postal Address	900 S SPRING ST SPRINGFIELD, IL 62704

Public Body Information

Public Body Name	SChool
Contact First Name	Andrew Oldfield
Primary Phone	2174589652
PostalAddress	900 S SPRING ST SPRINGFIELD, IL 62703

Employee

Report hours for each day, including overtime hours, list hourly prevailing wage rate and hourly fringe benefits allotments

Employee Name	David Foraker
Last 4SSN	1234
Primary Phone	2174589652
Work Classification	Finisher
Postal Address	900 S SPRING ST SPRINGFIELD, IL 62704

	Hours worked each day											Per Pay Period	
Hours Worked	**SUN**	**MON**	**TUE**	**WED**	**THR**	**FRI**	**SAT**	**Total Straight Time Hours**	**Total OT Hours**	**Hourly Wage Rate**	**OT Wage Rate**	**GROSS**	**NET**
Prevailing	0.00	6.00	4.00	6.00	8.00	8.00	0.00	0.00	0.00	$0.00	$0.00	$0.00	$0.00
Non Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	$0.00	$0.00	$0.00	$0.00

Pension Retirement $4.00 **Health Insurance Welfare** $4.00 **Vacation** $4.00 **Training** $4.00

Employee Name	Dennis Boshell
Last 4SSN	4563
Primary Phone	2174589632
Work Classification	Laborer
Postal Address	900 S SPRING ST SPRINGFIELD, IL 62704

	Hours worked each day											Per Pay Period	
Hours Worked	**SUN**	**MON**	**TUE**	**WED**	**THR**	**FRI**	**SAT**	**Total Straight Time Hours**	**Total OT Hours**	**Hourly Wage Rate**	**OT Wage Rate**	**GROSS**	**NET**
Prevailing	0.00	8.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	$0.00	$0.00	$0.00	$0.00
Non Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	$0.00	$0.00	$0.00	$0.00

Pension Retirement $4.00 **Health Insurance Welfare** $4.00 **Vacation** $4.00 **Training** $4.00

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , 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 from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Certified By

☐ **Do agree with certification*** First and Last Name

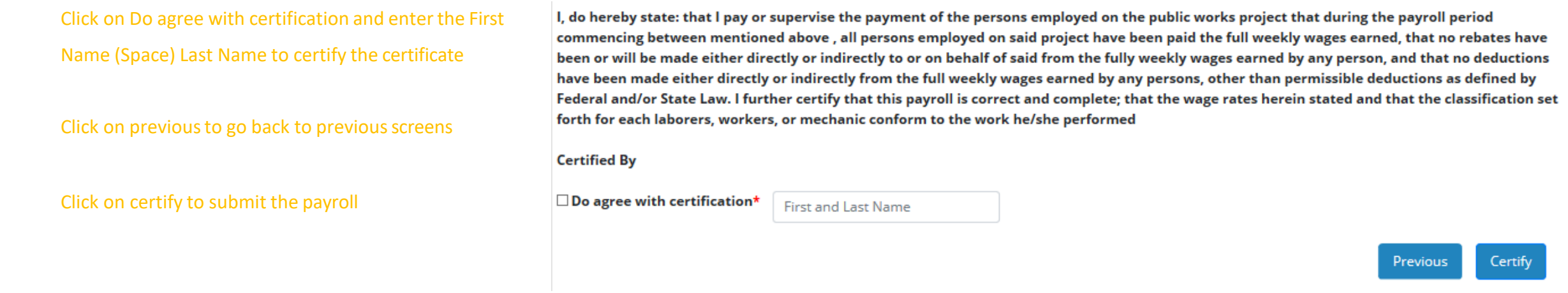
Previous Certify

Review Page

Click on Do agree with certification and enter the First Name (Space) Last Name to certify the certificate

Click on previous to go back to previous screens

Click on certify to submit the payroll

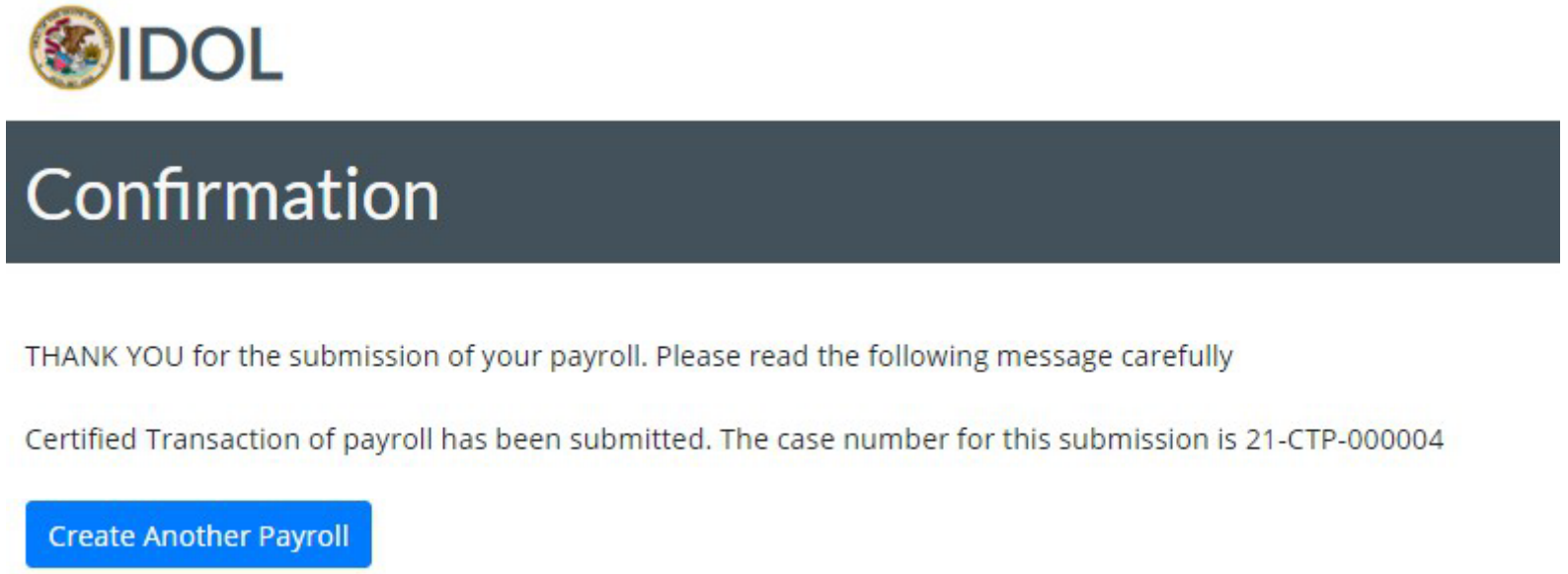


Confirmation Page

***Submissions can be accessed in your account by locating your name on the top right-hand side.**
Click the icon next to your name to open a drop-down menu.
Click on 'Profiles. On the new page, look to the left-hand side and click on 'Submission History'.

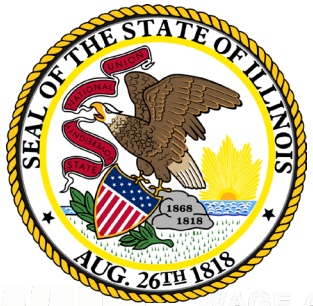
Save the CTP Number for further reference

An email will be sent with the same information to the primary and secondary contractor email addresses



Thank You!

Contact



dol.certifiedpayroll@illinois.gov.

contact: 217-725-5455

(monitored 9:00 am to 5:00 pm Monday-Friday)

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR
dol.gov/agencies/whd
1-866-487-9243