

State of Illinois Illinois Department of Labor

Public Works Contractor Information Form

This form constitutes an official certification of wages and benefits paid to workers, laborers, and mechanics working on the public works projects identified below.

Note: Use Separate Page (add page) to Provide Information for Each Project Subcontractor.

Contractor and/or Subcontractor

(Compa	(Contac	t Name) (City)	County where work was performed: Are you signatory to union contract? Are you a member of a Contractor's Association? If yes, which one?								
,			(t on your beh	nalf? Ye	es No		
(State) (Zip Code)		(Telephone	Number)		Date of Project From: To:			o:			
Name of project:											
Type of construction:	Building	Highway									
Work performed for:		(Public B	(Public Body Name)			(Public Body Address)					
Trade Classification	Total ST Hours	Total OT Hours	Basic Hourly Rate	M-F OT	SAT OT	SUN/HOL OT	Hourly H/W	Hourly ** Pension	Hourly Vacation	Hourly Training	
	1										
Foreman Classification											
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Total Hours - Include total hours worked in each classification when total benefit packet is the same. If not the same, use separate line for each. Overtime Wages - Indicate overtime as 1.5 (time and one-half), 2.0 (double time).

Hourly Benefits - List hourly amounts paid on behalf of the employees ABOVE their basic hourly wage toward pension, medical insurance (H/W), and vacation. Do not include any amounts which are DEDUCTED from their wages.

** Combined Pension and Annuity

Add Another Page

The undersigned hereby certifies that the information provided herein is correct.

Date

Signature