

The information below must be submitted to the NJEDA pursuant to N.J.A.C. 19:30-3.5-9 and N.J.A.C. 19:30-4.4

SEND COMPLETED FORMS TO:

NJEDA  
 24 Commerce Street - Suite 301 - Internal Process Management  
 Newark, NJ 07102 / Office # 973-855-3447 / affirmativeaction@njeda.com

**CONTRACTOR INFORMATION**

**PROJECT INFORMATION**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

NJEDA PROJECT NUMBER: \_\_\_\_\_  
 PROJECT NAME: \_\_\_\_\_  
 MUNICIPALITY: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_

PAYROLL PERIOD ENDING DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd year

Employee Name Address City, State, Zip	Overtime (OT) or Straight Time (ST)	Trade	PLEASE SPECIFY DAY AND DATE							Total Hours	Rate of Pay	Gross Weekly Pay	FICA	With- holding Tax			Total Deductions	Net Pay	Total Fringe Benefit Cost/Hr.	
			HOURS WORKED EACH DAY																	
	ST																			
	OT																			
	ST																			
	OT																			
	ST																			
	OT																			
	ST																			
	OT																			
	ST																			
	OT																			

Date \_\_\_\_\_  
 I, \_\_\_\_\_  
 \_\_\_\_\_  
 (Name of signatory party) (Title)

do hereby certify:

(1) That I pay or supervise the payment of the person(s) employed by

\_\_\_\_\_ on the \_\_\_\_\_  
 (Contractor or Subcontractor) (Project Name)

\_\_\_\_\_ ; that during the payroll period commencing on the \_\_\_\_\_  
 day of \_\_\_\_\_, 20 \_\_\_\_ and ending the \_\_\_\_\_, day of 20 \_\_\_\_\_,  
 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

\_\_\_\_\_  
 (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 wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing  
 Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law,  
 N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above  
 period are correct and complete; that the wage rates for laborers or mechanics contained therein are not  
 less than the applicable wage rates contained in any wage determination incorporated into the contract;  
 that the classifications set forth therein for each laborer or mechanic conform with the work performed

(3) That any apprentices employed in the above period are duly registered in good standing,  
 in a program approved or certified by the Division of Vocational Education apprenticeship in the New  
 Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States  
 Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic  
 listed in the above referenced payroll, payments of fringe benefits as listed in  
 the contract have been or will be made to appropriate programs for the benefit  
 of such employees, except as noted in Section 4 (C) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid  
 as indicated on the payroll, an amount not less than the sum of the applicable  
 basic hourly wage rate plus the amount of the required fringe benefits as listed  
 in the contract, except as noted in Section 4(C) below.

(C) FRINGE BENEFITS

EXCEPTION (CRAFT)	EXPLANATION

**REMARKS**

**PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL  
 COST PER HOUR IN THE FRINGE BENEFIT BOX ON PAGE 1\***

- 1) Medical or hospital coverage
- 2) Dental coverage
- 3) Pension or Retirement
- 4) Vacation, Holidays
- 5) Sick days
- 6) Life Insurance
- 7) Other  Explain: \_\_\_\_\_

**\* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE  
 BENEFIT COST PER YEAR PER EMPLOYEE**

(5) N.J.A.C. 19:30-3.5-9 and 4.4 The contractors shall submit  
 to the NJEDA a certified payroll record each pay period.

NAME AND TITLE	SIGNATURE

**THE FALSIFICATION OF ANY OF THE ABOVE STATEMENT MAY SUBJECT  
 THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL  
 PROSECUTION. N.J.S.A. 34:1B-1 et seq., and P.L. 1963, c. 150 - N.J.S.A. 34:11-  
 56.25 et seq. and provided by Sections 11 through 16, inclusive, of P.L. 1963, c.  
 150 - N.J.S.A. 34:11-56.35 - 34:11-56.40**