NJEDA Federal Form WH-347

Certified Payroll Report (CPR) Review Check List

Instructions:

When completing a CPR, please insert a check mark in each box when item is complete. This will ensure accuracy prior to submission to the NJEDA Hurricane Sandy, Labor Standards Compliance group.

CPR step to complete	**Completed** √
1. Did you select contractor or subcontractor box?	
2. Is the contractor/subcontractor name listed?	
3. Did you enter the address for the contractor/ subcontractor?	
4. Is the payroll number entered in consecutive order?	
5. Is the week ending included	
6. What is the project name and location of this SANDY project? Is it listed on the CPR?	
7. Do you know your EDA Project (P#) number?	
8. In Column 1 is the employee's name listed with last four numbers of the social only (e.g. XXX-XX-1234)?	
9. In Column 3 did you list the Work Classification (trade) of the employee? Specific trade (e.g. Operating Engineer what type of equipment from the Official Wage Determination?) a. What is the Class type (F=foreman, J=journeyman, AP= apprentice) b. For AP did you attach the NJ Approved Apprenticeship Certification?	
10. Column 4 TOP ROW- did you put a letter for the day of the week (the last letter should match the week ending date)?	
11. Column 4 BOTTOM ROW- did you enter the date in the day of week, (the last date entered should match the week ending in the header)?	
12. Column 4 HOURS WORKED EACH DAY – O=overtime, S=straight time	
13. Column 5 - did you include the total hours worked for overtime (O) and straight time (S)?	
14. Column 6 - did you check the wage determination to verify the calculation of fringe rates (excluded or included in OT rate calculation)? 15. DID YOU PAY THE HIGHER PREVAILING WAGE RATE a) Was the higher of the prevailing wages paid? b) Did you check the Wage Determination to calculate OT correctly (e.g. Carpenters and Laborer Class A or B) c) If overtime worked did you accurately calculate the time (e.g. 5 8 hour day with OT starting in the 9th hour, or 4 10-hour days with OT in the 11th hour, per day)? d) Did you check double time OT rate and when it is triggered? Was the Friday used as a make-up day for inclement weather? Does this apply?	

e) Is the fringe contribution rate paid into an approved benefit plan, fund or program? There will be two rates listed in the box to equal prevailing wage rate. NOTE: for union employees or companies that pay to a plan or fund, is the fringe rate HAND WRITTEN, in the box next to the base (cash) rate of pay. NOT included in gross amount	
16. Column 7 – when calculated is the gross amount in the top part of the diagonal box correct? (NOTE: Based on the Base Rate (Cash) for this project ONLY. Total Hours X Base Rate of Pay = Gross)	
17. Page 2 Statement of Compliance (left side) is it completed with the correct week ending date?	
18. Page 2, item 4, how is the fringe paid (select appropriate box or both boxes)	
19. If Box (a) is selected did you include a copy of the Fringe, Plan, or Program Contribution Report? (for union and non union payments of benefits) OPTIONS: 1. All cash to paid to employee – Select Box (b) *ONLY* 2. Benefits paid to an approved program, fund, or plan – Select Box A *ONLY* 3. Combination of a small portion paid to a plan or program (e.g. medical benefits)- Select BOTH Boxes with an explanation of fringe plus hand write on 1st page	
20. Are there additional exceptions to explain on page 2 Column (c)?	
21. Signature box, is this signed by an officer of the company (e.g. Owner)?	
22. For additional signer, did you provide a letter giving authority for someone else other than an officer of the company to sign, and is it notarized? NOTE: To be included with INITIAL CPR	
23. Are your CPRs original signed **blue** ink sent to the EDA? **(Subcontractors send to General Contractor to forward to EDA)**	

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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THERE IS NO SUCH THING AS A DUMB QUESTION. We ARE HERE TO HELP!