

CITY OF SAN JOSE PAYROLL REPORTING FORM

NAME OF CONTRACTOR OR SUBCONTRACTOR		CONTRACTOR'S LICENSE#			ADDRESS															
		SPECIALTY LICENSE#																		
PAYROLL NO.	FOR WEEK ENDING	SELF-INSURED CERTIFICATE#			PROJECT OR CONTRACT NO.															
		WORKERS' COMPENSATION POLICY#			PROJECT AND LOCATION															
EMPLOYEE NAME, ADDRESS, SSN	WORK CLASSIFICATION	DAY							TOTAL HOURS	HOURLY RATE OF PAY	GROSS AMOUNT EARNED			DEDUCTIONS – EMPLOYEE PAID (DOES NOT INCLUDE BENEFIT OR OTHER EMPLOYER PAYMENTS)				NET WAGES PAID FOR WEEK	CHECK NO.	
		M	T	W	TH	F	S	S												
		DATE																		
		M	T	W	TH	F	S	S												
		HOURS WORKED EACH DAY																		
SAN JOSE PROJECT		S																		
		O																		
ALL OTHER WORK		S																		
		O																		

S = Straight time
O = Overtime
SDI = State Disability Insurance

NOTE: CERTIFICATION STATEMENT MUST BE COMPLETED AND THE ORIGINAL SIGNED STATEMENT ATTACHED TO THE PAYROLL

City of San José Airport Director's Office, 1701 Airport Blvd, Suite B-1130, San José, CA 95110