

## BISD Rolling Owner Controlled Insurance Program (ROCIP) MONTHLY PAYROLL REPORTING FORM

GENERAL INFORMATION & DEFINITIONS ARE PRINTED IN THE ROCIP EXHIBIT OF YOUR CONTRACT

Subcontractor Name:	Points North (CPW Sample Reports)	Month Ending and Year:	3/7/2012
Address:	371 Canal Park Dr	Project # or Project Address:	5987
City/State/Zip:	Olympia WA 98501	Project Name/School/Facility:	Stable Work 2904

U.S. Department of Labor Payroll forms are not acceptable as a substitution.

Please use this form to report payrolls for ONE CONTRACT or indicate 'Zero Payroll' if no work was performed.

**Payroll Reports are due by the 15<sup>th</sup> of the following month or with your monthly request for payment.**

(1) WORK COMP CLASSIFICATION DESCRIPTION:	(2) WORK COMP CLASS CODE*:	(3) TOTAL MAN HOURS:	(4) <b><u>ROCIP</u></b> <b><u>PAYROLL **:</u></b>
No Work			
<b>GRAND TOTALS FOR THIS MONTH:</b>			

\* WC Codes MUST be included on your Form 2, which is Subject to verification against your actual insurance policy by the ROCIP Administrator or other representatives of BISD.

\*\* Use straight time wages only for all Man Hours. Do not include premium overtime wages and do not take out taxes or other deductions.

Is this your FIRST payroll report?	No	<input checked="" type="checkbox"/>	Yes		If yes give first day on site		.
Is this your LAST payroll report?	No	<input checked="" type="checkbox"/>	Yes		If yes give last day on site		and

complete and submit a ROCIP Form 4 "NOTICE OF WORK COMPLETION" if you have not already done so.

To certify your report, you must complete and submit the Monthly Payroll Report Certification Page with this document.

**BISD Rolling Owner Controlled Insurance Program (ROCIP)  
MONTHLY PAYROLL REPORT CERTIFICATION**

Today's  
Date: 3/7/2012

Your Company  
Name: Points North (CPW Sample Reports)  
Pay Period  
Commencing: 12/1/2011  
Pay Period  
Ending: 3/7/2012

I, John Doe, Manager  
(Print Name of Signatory Party) (Title)

do hereby state:

- (1) That I pay or supervise the payment of the persons employed by the captioned Company who have completed work at the following project site:

Stable Work 2904	2904
(Project Name)	(Job Number or Address)

and that during the payroll period stated above, all persons employed on said project have been paid the full weekly wage 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 monthly wages earned by any person.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wages 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 he performed.

NOTE: All payroll records related to this ROCIP are subject to physical audit by an auditor representing the "Insurer". Audits will be scheduled shortly after the anniversary date of the Workers Compensation program to verify the prior year's reported payroll. The "Insurer" reserves the right to audit Subcontractors payroll records at any time, subject to one week's written notice of such audit.

\_\_\_\_\_  
(Signature)  
Jane Doe  
(Print Name of Person Who Completed on Behalf of Signatory Party)

Awarding Subcontractor:	Sample Subcontractor
Prime Subcontractor:	Sample Contractor
Prime Contract Number:	001

Send this Form to: