



Rhode Island Department of Labor

Division of Professional Regulation/Prevailing Wage

1511 Pontiac Avenue Building 70
 P.O. Box 20390 Cranston, RI 02920-0944

Certified Weekly Payroll

Contractor: _____ Subcontractor: _____
 Address: _____ Phone #: _____ Address: _____ Phone #: _____
 For Week Ending: _____ Project/Location: _____ Wage Decision No.: _____ Date of Decision: _____

Name, Address Phone & SS # of Employee	Work Classification Apprentice %	Date:	S	M	T	W	T	F	S	Total Hrs for	Hourly Rate	Hourly Fringe (C=Add.'l Hrly Pmt) (FB=Bonafide Fringe)	Gross Amt this Project	Deductions							
			Hours Worked Each Day											Period	Social Security	Medicare	Federal Withheld	State Withheld	RI TDI	Other	Net
		P.S.										C:									
		P.O.										FB:									
		R.H.																			
		R.O.																			
		P.S.										C:									
		P.O.										FB:									
		R.H.																			
		R.O.																			
		P.S.										C:									
		P.O.										FB:									
		R.H.																			
		R.O.																			
		P.S.										C:									
		P.O.										FB:									
		R.H.																			
		R.O.																			

Legend: P.S.=Prevailing Wage Standard Hours P.O.=Prevailing Wage Overtime Hours R.H.=Regular Hours R.O.=Regular Overtime Hours