

**CONTRACTOR'S REPORT OF EMPLOYMENT AND WEEKLY AFFIDAVIT**

**County of Westchester, Department of Public Works**

Contract No. \_\_\_\_\_

Report No. \_\_\_\_\_

Week(s) ending \_\_\_\_\_

Title of Contract and Location \_\_\_\_\_

Contractor or Subcontractor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.:

I, \_\_\_\_\_, being duly sworn, depose and say:

1. I pay or supervise the payment of the persons employed by \_\_\_\_\_  
(Contractor or Subcontractor)

in connection with the above referenced contract;

2. During the payment period commencing on the \_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_ and ending on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, all persons employed by

\_\_\_\_\_ in connection with such contract have been paid in full

(Contractor or Subcontractor)  
weekly wages and supplements earned by such persons except the following: (strikeout, if not applicable)

3. Such persons have been paid the prevailing rate of wages and the supplements as determined and required by Section 220 of the New York State Labor Law.

4. No rebates or deductions have been deducted from such wages and supplements except as authorized or required by applicable statutes or regulations of the Federal, State and County Governments.

5. The following is a true and accurate summary of wages and supplements paid:

\_\_\_\_\_ During the week \_\_\_\_\_ Total to date

Number of names on payroll \_\_\_\_\_

Hours worked \_\_\_\_\_

Total wages earned \_\_\_\_\_

6. I have read the foregoing statement of wages and supplement, know the contents thereof, and the same is true to my own knowledge.

\_\_\_\_\_  
(Signature)

STATE OF NEW YORK)  
COUNTY OF WESTCHESTER) ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_ to me known, and known to me to be the person who executed the above instrument, and who being duly sworn did say that he executed the same.

Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Notary Public - State of New York

MONTHLY EMPLOYMENT UTILIZATION REPORT										JOB TITLE:			CONTRACT NUMBER:										
WESTCHESTER COUNTY DEPARTMENT OF PUBLIC WORKS DIVISION OF ENGINEERING										NAME AND LOCATION OF CONTRACTOR:													
										REPORTING PERIOD			FROM: _____			TO: _____							
TRADE	CONSTRUCTION CLASSIFICATIONS	WORK HOURS OF EMPLOYMENT												TOTAL NUMBER OF EMPLOYEES		TOTAL NUMBER OF MINORITY EMPLOYEES		TOTAL FEMALE PERCENT. %					
		TOTAL ALL EMPLOYEES BY TRADE		BLACK (NOT OF HISPANIC ORIGINAL)		HISPANIC		ASIAN OR PACIFIC ISLANDERS		AMERICAN INDIAN OR ALASKAN NATIVE		MINORITY PERCENT. %		FEMALE PERCENT. %		M	F	M	F	M	F		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
	JOURNEY WORKER																						
	APPRENTICE																						
	TRAINEE																						
	<b>SUB-TOTAL</b>																						
	JOURNEY WORKER																						
	APPRENTICE																						
	TRAINEE																						
	<b>SUB-TOTAL</b>																						
	JOURNEY WORKER																						
	APPRENTICE																						
	TRAINEE																						
	<b>SUB-TOTAL</b>																						
	<b>TOTAL JOURNEY WORKERS</b>																						
	<b>TOTAL APPRENTICES</b>																						
	<b>TOTAL TRAINEES</b>																						
	<b>GRAND TOTAL (#HRS &amp; #EMPL)</b>																						
COMPANY OFFICIAL'S SIGNATURE AND TITLE:										TELEPHONE NUMBER (include area code):										DATE SIGNED:		PAGE: _____ OF _____	

This report must be filled out by all contractors (both prime and sub) who are required to have an Affirmative Action Program, and must be filed with the Engineer by the 5th day of each month during the term of the Contract, and shall include the total work hours of each employee classification in each trade in the covered area for the Monthly Reporting Period. The Prime Contractor shall submit a report for its Aggregate Work Force and collect and submit reports for each subcontractor's Aggregate Work Force to the Engineer.





DEPARTMENT OF PUBLIC WORKS – DIV. OF ENGINEERING  
COUNTY OF WESTCHESTER

CONTRACTOR'S CERTIFICATE  
Final Application for Payment

I, \_\_\_\_\_,  
(Name of Officer or Principal) (Title)  
of \_\_\_\_\_  
(Contractor)

\_\_\_\_\_ (Address of Contractor)  
Under Contract No. \_\_\_\_\_ for \_\_\_\_\_  
(Title of Contract)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

said Contract having been made between the said Contractor and the County of Westchester, do hereby certify and state with respect to work performed under said Contract through and including Final Estimate No. \_\_\_\_\_ dated \_\_\_\_\_ (incorporated by reference) as follows:

1. That pursuant to Section 220-a, 220-b, 220-c of the Labor Law, I do hereby certify and state that the names and addresses of all approved subcontractors who performed work under this Contract are as follows:

I further state that all of the above said subcontractors have been paid in full except for those listed in No. 2 below.

2. That pursuant to Section 220-a, 220-b, 220-c of the Labor Law, I do hereby certify and state that the following subcontractors who performed work under this final estimate number and who have not been paid in full are:

_____ Name _____	_____ Amount _____
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I further state that all of the above subcontractors will be paid under this final estimate.

Contract No. \_\_\_\_\_  
Estimate No. \_\_\_\_\_

3. That the following is a complete list of all amounts now due and owing from said Contractor to any and all laborers for daily or weekly wages or supplements on account of said contract through and including this final estimate.

\_\_\_\_\_ Name \_\_\_\_\_ Amount \_\_\_\_\_

4. That the following is a full and true statement of all unpaid bills and liabilities incurred on this contract covering work performed up to and including the above described final estimate.

\_\_\_\_\_ Name of Claimant \_\_\_\_\_ Purposes \_\_\_\_\_ Amount \_\_\_\_\_

TOTAL: \_\_\_\_\_

5. That the Contractor submits this Certificate and accompanying material in support of his final claim for payment and the Contractor states that it has no other outstanding claims against the County in regard to the above-captioned contract.

CONTRACTOR FIRM NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF WESTCHESTER) ss.:  
CITY OF \_\_\_\_\_)

\_\_\_\_\_ being duly sworn, deposes and says that he is the \_\_\_\_\_ of the

(Title)

Contractor named in the foregoing Certificate and Statement and the person who executed the same; that he is duly authorized to execute said Certificate and Statement on behalf of said Contractor; that (s)he has read such Certificate and Statement subscribed by him (her) and knows the contents thereof; and that the same is true of his (her) own knowledge.

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Notary Public, Westchester County

DEPARTMENT OF PUBLIC WORKS - DIV. OF ENGINEERING  
COUNTY OF WESTCHESTER

SUB-CONTRACTOR'S CERTIFICATE  
FINAL APPLICATION FOR PAYMENT

I, \_\_\_\_\_, the \_\_\_\_\_  
(Name of Officer or Principal) (Title)  
of \_\_\_\_\_  
(Sub-Contractor)  
\_\_\_\_\_  
(Address of Sub-Contractor)  
Under Contract No. \_\_\_\_\_ for \_\_\_\_\_  
(Title of Contract)

\_\_\_\_\_ said Contract having been made between \_\_\_\_\_  
(Prime Contractor)

Contractor and the County of Westchester, do hereby certify and state with respect to work performed by the undersigned Sub-Contractor under said Contract up to and including Final Estimate No. \_\_\_\_\_ dated \_\_\_\_\_ (incorporated by reference) as follows:

1. That there is now due and owing from said Sub-Contractor, to any and all laborers for daily or weekly wages or supplements on account of said contract, the amounts set opposite the several names listed below and that said list contains all of the amounts so due and unpaid through and including this final estimate.

NAME : AMOUNT

2. That I do hereby certify that the following is a complete list of all persons, firms and corporations to whom the undersigned Sub-Contractors have sublet any part of their work up to and including the final estimate.



Contract No. \_\_\_\_\_ Estimate No. \_\_\_\_\_

3. That the following is a full and true statement of all unpaid bills and liabilities incurred on this contract covering work performed up to and including the above described final estimate.

Name of Claimant	Purpose	Amount
_____	_____	_____

TOTAL: \_\_\_\_\_

4. That the Contractor submits this Certificate and accompanying material in support of his final claim for payment and the Sub-Contractor states that it currently has no other outstanding claims against the Contractor or County in regard to the above-captioned contract.

SUB-CONTRACTOR FIRM NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF WESTCHESTER) ss.:  
CITY OF \_\_\_\_\_)

\_\_\_\_\_ being duly sworn, deposes and says that he is  
the \_\_\_\_\_ of the Sub-Contractor named in the  
(Title)

foregoing Certificate and Statement and the person who executed the same; that he is duly authorized to execute said Certificate and Statement on behalf of said Sub-Contractor; that he has read such Certificate and Statement subscribed by him and knows the contents thereof; and that the same is true of his own knowledge.

Subscribed and Sworn to Before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Notary Public (Signature)

TO:

FROM:

DATE:

RE: Contract No. \_\_\_\_\_

FINAL PACKAGE SUBMITTAL

Attached for your processing, please find the following contract close-out documents:

- \_\_\_\_\_ Final Estimate Sheet
- \_\_\_\_\_ Contractor's Certificate (1 Original)
- \_\_\_\_\_ Sub-Contractor's Certificate (1 Original for each Sub)
- \_\_\_\_\_ As-Built Drawings
- \_\_\_\_\_ ~~Memo of Concurrence~~
- \_\_\_\_\_ ~~Project Close-out Data Form~~
- \_\_\_\_\_ Warranties
- \_\_\_\_\_ O & M Manuals/Shop Drawings
- \_\_\_\_\_ Certified Payrolls
- \_\_\_\_\_ MBE/WBE Sign-Off
- \_\_\_\_\_ Returned Security Badges
- \_\_\_\_\_ Other