

Caltrans Labor Compliance Program Wage Case Checklist

EA Number: _____ **District LCO:** _____

Prime Contractor: _____

Subcontractor (if applicable): _____

Documents That Must Be Submitted With All Cases:

- ___ Print-out of this form
- ___ Form CEM 2506 with summary
- ___ Form CEM 2507 (Case Summary)
- ___ Form CEM 2508 (Source Document Audit - SDA Summary)
- ___ Form 2509 (SDA Checklist)
- ___ Prejob Checklist
- ___ Sign-in Sheet
- ___ Applicable Contract Scopes of Work (bid items)
- ___ Contract Special Provisions (front sheet)
- ___ Wage Determinations (state and federal, if applicable)
- ___ Correspondence between Caltrans and contractor
- ___ Certified Payroll Records
- ___ Fringe Benefit Statements (if applicable)
- ___ Trust Fund Statements (if applicable)
- ___ Inspector Reports
- ___ Source Document Audit / Date conducted: _____
- ___ Cancelled Checks
- ___ Time Cards
- ___ Bank Statement
- ___ Payroll Journal
- ___ Employee Interviews or Statements
- ___ Employee Complaints
- ___ Case History of Events
- ___ Record of Conversation
- ___ Information from Labor Union or Labor Management Group
- ___ Other: _____

- ___ Form DE 9 -- Quarterly Contribution Return and Report of Wages
- ___ Form 941 – Employer’s Quarterly Federal Tax Return
- ___ Form W-2 – Wage and Tax Statement
- ___ Paycheck Stubs

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Additional Information Needed for Specific Cases:

Fringe Benefit Underpayment/Non Payment

Yes	No	N/A	
—	—	—	Has LCO contacted Trust Fund? If NO, please specify: _____
—	—	—	Did employees receive separate compensation for FB? If YES, please specify: _____
—	—	—	Other sources of information about failure to pay FB? If YES, please specify: _____

Certified Payrolls – Not Submitted

Yes	No	N/A	
—	—	—	Violation by prime contractor?
—	—	—	Violation by subcontractor? If YES, is sub still working on project?
—	—	—	Employee interviews conducted? If NO, please specify: _____
—	—	—	Independent record of hours on job (by employee, union, etc.) If YES, please specify: _____
—	—	—	RE Report complete? If NO, please explain: _____

Employees / Hours Missing from Certified Payrolls

Yes	No	N/A	
—	—	—	Did you obtain time cards for verification of hours and location worked? If NO, please specify: _____
—	—	—	Has LCO interviewed employee(s)? If NO, please specify: _____

Misclassification

Yes	No	N/A	
—	—	—	Is this a union scope of work or jurisdictional dispute?
—	—	—	Did you provide the contractor with the applicable DIR scope of work? If NO, please specify: _____

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Summary

Please provide a brief summary of the particular issues and facts, including the type of violation such as overtime, misclassification, fringe benefits, etc.
