

DEPARTMENT OF TRANSPORTATION
DIVISION OF CONSTRUCTION-LABOR COMPLIANCE
DISTRICT XX
ADDRESS
CITY, STATE ZIP
PHONE XXX-XXX-XXXX
FAX XXX-XXX-XXXX
TTY 711
districtX.payrolls@dot.ca.gov



*Flex your power!
Be energy efficient!*

**FINAL NOTICE OF DELINQUENT CERTIFIED PAYROLL RECORDS
PRIME CONTRACTOR**

[Date]

[Certified, Overnight, or Regular Mail]

[Prime Contractor's Name]

[Address]

[City, ST ZIP]

Re: [Contract Number]

California Labor Code section 1771.5(b)(3)) and the "Payroll Records" of the *Standard Specifications* require prime contractors to submit all prime and subcontractor certified payroll records weekly to Caltrans. Payrolls are considered delinquent if not received by the 15th of the month for the previous month's work.

We have not received certified payrolls for work performed during the month of [Month]. We sent a request for submittal of certified payrolls to your office by [Mail or Electronic Mail] on [Date of Notice of Delinquent or Inadequate Certified Payroll Records] for work performed during the week(s) ending [Date(s)]. A copy of the letter is attached for your reference. We have withheld contract funds in the amount of [Amount Withheld] for failure to submit the required certified payroll records by the designated date.

In accordance with California Labor Code section 1776(g), you are hereby notified that failure to provide payrolls to Caltrans within 10 working days from receipt of this request will subject [Prime Contractor's Name] to a penalty of \$25 per employee, per day, until the required payrolls have been received at the above address.

We are preparing a penalty case for violation of Labor Code section 1776 and will forward it to the Department of Industrial Relations for approval if the requested records are not received by the 10-day time period. Penalties will continue to accrue and will be irrevocably forfeited until the payroll records are received.

Addressee
Date
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If you have questions regarding this notice, please contact [[Labor Compliance Officer's Name](#)]
at [[Phone Number](#)].

Sincerely,

[[NAME IN ALL CAPS](#)]
(District # or Region Labor Compliance Manager or Officer)

c: [[Name, Title, Office](#)]
(These names appear on the original letter and all copies of the original letter. Anyone
mentioned in the body of the letters should be listed in the copies.)

Attachment [[Notice of Delinquent or Inadequate Certified Payroll Records](#)]