

DEPARTMENT OF TRANSPORTATION
 DIVISION OF CONSTRUCTION-LABOR COMPLIANCE
 ADDRESS
 CITY, ST ZIP
 PHONE [OF PERSON SIGNING LETTER]
 FAX [OF PERSON SIGNING LETTER]
 TTY 711
 [DISTRICT CPR EMAIL ADDRESS]



*Flex your power!
 Be energy efficient!*

FINAL NOTICE OF INADEQUATE CERTIFIED PAYROLL RECORDS

[Date]

[Certified or Overnight Mail Number]

[Prime Contractor's Name]

[Address]

[City, ST ZIP]

Re: [Contract Number]

Inadequate certified payroll records submitted for work performed during the month of [Month] have not been corrected. We sent a request for corrected records to your office by [Mail or Electronic Mail] on [Date of Temporary Notice of Withholding]. Based on an audit of available payrolls and contract records, we have determined that several employees who performed work [for subcontractor, if applicable] on the above-referenced contract were not compensated at the appropriate prevailing wages. We have enumerated wage violations, including potential penalties, on the attached CEM-2506, "Labor Compliance—Wage Violation," spreadsheets:

Straight Time Wages Due	\$0.00
Overtime Wages Due	\$0.00
Straight Time Penalties	\$0.00
Overtime Penalties	\$0.00
	\$0.00
Total:	\$0.00

Please provide a supplemental certified payroll, including a signed statement of compliance and a front and back copy of the canceled checks, to the above address. If Caltrans does not receive the requested documents within 10 days from receipt of this letter, we will forward a labor case to the Division of Construction Labor Compliance Unit and submit a formal forfeiture request to the Department of Industrial Relations.

Addressee
Date
Page

If you have questions, 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.)