

## Instructions for SCA Certification of Payroll

This form must accompany all requests for payment. It must be completed in full as directed below, and EVERY PAGE must be signed by an authorized OFFICER of the firm, and then notarized. **Letters and numbers correspond to boxes on the form. PRINT OR TYPE ALL INFORMATION.**

- A. **Check** the appropriate box (i.e., contractor, subcontractor), and PRINT the official, **legal name of the firm**.
- B. Enter the **address** of the firm.
- C. Enter your firm's Taxpayer ID or F.E.I.N..
- D. Enter the corresponding **payroll number** as assigned by your firm.
- E. Enter the **date of the last day** of this week's payroll period.
- F. Enter the **name of the project** assigned by the SCA and the **Borough** (e.g., P.S. 123, Brooklyn).
- G. Enter the **project number** assigned by the SCA.
- H. Enter the **contract number** assigned by the SCA.
1. List the **name, address and social security number** of each employee who worked on this project during this payroll. Photocopy this form, if additional pages are required.
  - 1a. See "Legend" on front of form.
  - 1b. See "Legend" on front of form.
2. Enter the employee's **trade** and circle the **classification** (e.g. Electrician, Journeyman). If the employee is an apprentice, **a copy** of a N.Y.S. Certification of Apprenticeship must be attached to each submission.
3. See "**Legend**" on front of form. ALSO, see Labor Law ' 220.2 for restrictions.
4. Enter the **days** worked (Su, Mo, Tu, We, Th, Fr, & Sa) on the first line under "Day and Date". Enter the **dates** of the days worked on the second line of that column. Enter the **total hours** worked each day in the same column under "Hours Worked Each Day" on the line which corresponds to Column 3, "TIME."
5. Enter the **total hours** worked by the employee for the payroll period for each of the **regular time, overtime, and shift time.**
6. Enter the total basic **wage rate** paid to the employee for each of **regular time, overtime, and shift time.**
7. Enter the hourly **supplemental benefit rate** paid to the employee.
8. **Circle** the appropriate letter for each employee to indicate to whom the supplemental benefits were paid. If "Union", indicate to which Union Local the benefit was paid. If "OTHER", indicate to whom and why. Attach a separate sheet if necessary.
9. Indicate **total amount of supplemental benefits** paid.
10. Enter the total **basic wages** paid to the employee in the payroll period specified (the total number of **regular time, overtime, and shift time** hours multiplied by the **regular time** wage) (see columns 5 and 6).
11. Multiply the employee's total overtime hours for the payroll period times the overtime wage minus the straight- time wage (e.g., if an employee worked 9 hours of overtime during the payroll period, and his/her overtime hourly wage is \$30.00 and the regular straight time wage is \$20.00, then  $9 \times \$10.00 (\$30-\$20) = \$90.00$ ). THEN, do the same computation for shift time, if any. **Add both** sums together, and **enter the total.**
12. **Total** entries for columns 10 and 11. Also include column 9 in this total if the supplemental benefit is being paid directly to the employee.
13. Enter the amount of taxes and other payroll **deductions.**
14. Enter the amount of the employee's **net take-home pay.**
15. Total the entries **on all pages for this payroll period** for each column (column 5 and columns 9 through 14), and enter these totals of each column **ONLY** on the last page for this payroll period.