

## Owner Controlled Insurance Program (OCIP) Payroll Reporting Form

Contractor's Name: \_\_\_\_\_ Contract#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Awarding Contractor: \_\_\_\_\_ Prime Contractor: \_\_\_\_\_

Reporting Period Ending: \_\_\_\_\_

Is this your last report? Yes \_\_\_ No \_\_\_ (If yes, please complete Notice of Completion Form and fax to OCIP Administrator)

Classification	W.C. Code/ G.L. Code	Regular		Overtime		Total Payroll/ Gross Receipts
		Hours	Payroll	Hours	Payroll	
1.WC						
1.GL						
2.WC						
2.GL						
3.WC						
3.GL						
4.WC						
4.GL						
5.WC						
5.GL						
<b>Total</b>						

*Gross Receipts* need to be shown only if GL Premium is so rated on your policy.

**Multiple Contracts.** If a subcontractor has multiple contracts, that subcontractor shall complete a separate Monthly Payroll Report for each contract.

**Earnings for overtime** should be included only at the straight hourly rates. Do not include extra wages paid for overtime hours. Overtime means those hours in excess of 8 hours worked each day, 40 hours in any week or on Saturdays, Sundays, or holidays, but only when there is an increase in the hourly rate to work such hours.

**Payroll records** for employees covered by OCIP should be maintained separately from all other contractor payroll records. These records shall be retained for three years following completion of your work under each subcontract with the Owner.

Please send form to General Contractor along with the monthly request for payment and keep a copy for your file.

**The above is a true and complete statement for the entire remuneration for services rendered by employees for the contractor shown above.**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_