



**CITY OF GRAND RAPIDS
COMMUNITY DEVELOPMENT DEPARTMENT**

PAYROLL CHECK LIST

Please review payroll before submitting:

- Federal Employer Identification Number (FEIN) provided on upper left-hand corner of **first** payroll.
- Contractor's/Subcontractor's name and address listed.
- Project name, location, and number listed.
- Payrolls are numbered. The first payroll designated as "Initial No. 1" and continues to last payroll "Final No. ____".
- Days of the week and corresponding dates of the month are listed in Column 4, Day and Date.
- Work person's address and Social Security Number listed on first payroll on which he/she appears.
- Column 3, Work Classification, completed as it relates to the applicable wage determination. Time card(s) attached for split work classification(s).
- If the work person is an Apprentice, work classification listed as "Apprentice (Trade) - ____%". Attach proof that the apprentice is individually registered with the U.S. Department of Labor, Bureau of Apprenticeship and Training with the first payroll on which apprentice is listed. **NOTE:** The allowable ratio of apprentices to journeyman on the job site in any craft classification is not to be greater than the ratio permitted to the contractor as to the entire work force under the registered program.
- Daily project hours and total project hours for week listed in Column 6.
- Straight-time(s) rate of pay, and, if applicable, over-time (0) rate of pay listed in Column 6.
- Gross wages, any deductions, and net wages are shown. Gross amount listed in Column 7 less any deductions should equal the net amount listed in Column 9.
- If the work person is employed on HUD project and elsewhere during pay period, project earning and gross earnings for the week listed in column 7.
- "Other" deductions and unheaded columns in Section 8, Deduction, have been identified. Employee authorization for "other" deduction accompanies the first payroll on which the deduction appears.
- **Statement of Compliance** (WH-348) on the reverse of the payroll (WH-347) is complete.
- Appropriate block is checked regarding payment of fringe benefits (if applicable).
- **Manual and original** signature is on the Statement of Compliance (WH-348).
- If computer printout is used in lieu of WH-347, all information is required and a Statement of Compliance (WH-348) is attached.