

OFFICE OF PROCUREMENT

Wage Requirements Law Payroll Report Form



INSTRUCTIONS FOR USE:

Submit Quarterly (14 days after the quarter ends) for the prior quarter. If no work was performed for that quarter please mark "NO WORK WAS PERFORMED". If you are submitting the payroll register, please redact the SSNs. Return the form to: WRL@montgomerycountymd.gov
OR Wage Requirements Law Program Manager, Office of Procurement
 255 Rockville Pike, Suite 180, Rockville, MD 20850

CONTRACTOR/SUBCONTRACTOR CONTACT INFORMATION

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contract Number: _____

Begin Pay Period: _____ **End Pay Period:** _____

Name Employee	Home Address	Work location		Hours Worked							Total Hours	Pay Rate	Gross Wages	Race <i>See NOTES</i>	Gender <i>See NOTES</i>	Fringe benefits by type and amount	Health Insurance Premium (Employer Share %)	Health Insurance Premium (Employee Share %)
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ATTESTATION

I, _____ (NAME), as _____ (TITLE), of _____ (COMPANY), hereby certify, under penalty of perjury, that I am legally authorized to make this representation on behalf of the above-named entity, and that the payroll data above is complete, true, and correct, that the wage rates paid to employees by this contractor or subcontractor of a County contract are no less than those required by County law, that the rate of pay for each employee accurately reflects the work the employee performed and that this contractor or subcontractor is in full compliance with the Montgomery County Wage Requirements Law. I understand and agree that Quarterly Payroll Reports are required, and the contractor's or subcontractor's late submission or non-submission of this information may result in the County withholding contract payments, assessing liquidated damages, terminating the contract, or otherwise taking action to enforce the contract or the Wage Requirements Law statute.

NOTES:

- For “**Race**” use one of the following categories for each employee (collected for statistical reporting purposes only):
 - 1 - Hispanic or Latino
 - 2 - White, not Hispanic or Latino
 - 3 - Black or African-American, not Hispanic or Latino
 - 4 - Asian, not Hispanic or Latino
 - 5 - Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
 - 6 - American Indian or Alaskan Native, not Hispanic or Latino
 - 7 - Two or More Races, not Hispanic or Latino

- For “**Gender**” use one of the following categories for each employee (collected for statistical reporting purposes only):
 - 1 – Female
 - 2 - Male

- “**Health Insurance Premium**” do not supplement or offset the wage rate (collected for statistical reporting purposes only)