Employee Pay Restitution Worksheet

1. 1	Name o	f Company	/:								
2. 1	. Name/Title of Person Completing This Report:										
3. 1	Phone Number: Fax:										
4. 1	Name of Project: Contract #										
5. I	Payroll Week Ending:										
7. I	Employee Name: Classification:										
8.											
	ORIGINAL PAYMENT BREAKOUT (show what / how the worker was previously paid										
UKI	IGINA	# Hrs	ANIE	SKEAKOUT (SIIC	W WI		er was previously paid				
Ctro	oj aht	Worked	@	Pay Rate	=	Sub Total					
Straight Time Paid			@		=	\$					
	rtime aid		@		=	\$					
		Total am	ount	paid ORIGINAL	LY	\$					
REVISED / CORRECTED PAYMENT BREAKOUT (show what / how the											
worker Should have been paid											
		# Hrs Worked	@	*Pay Rate	=	Sub Total					
	aight e Paid		@		=	\$					
	rtime aid		@		=	\$					
	'	Tot	al CC	ORRECTED amo	ount	\$					
TOTAL AMOUNT DUE EMPLOYEE (THIS CLASSIFICATION)											
CO	CORRECTED AMOUNT										
	FRO		-								
ORIGINAL AMOUNT				-							
		ROM ABO		—							
				=							
Total CORRECTED amount											
12. T	OTAL	CORREC	TED	AMOUNT DUF	EMI	PLOYEE (this class	sification):				
		above): \$_		(Gross)		- (• •				

CERTIFICATION: This is to certify that a check in the amount of \$										
Signature	Date									
* The "Straight Time" rate must, at a minimum, be equal to the base rate + fringe rate stated in the Wage Schedule. The "Overtime" rate shall be the sum of the base rate, plus half of the base rate, plus the required fringes at the straight time rate:										
Company Name										
Street Address										
City,	State,	Zip Code								
EMPLOYEE RESTITUTION AFFIDAVIT										
I,										
Employee Printed Name	Employee Si	gnature	Date							
Witness Printed Name	Witness Sig	gnature	Date							