

**DEPARTMENT OF TRANSPORTATION**  
DIVISION OF CONSTRUCTION  
DISTRICT  
ADDRESS  
CITY, STATE ZIP  
PHONE  
FAX  
TTY 711  
www.dot.ca.gov



*Making Conservation  
a California Way of Life.*

## FINAL NOTICE OF DELINQUENT CERTIFIED PAYROLL RECORDS SUBCONTRACTOR

[Date]

[Certified, Overnight, or Regular Mail]

[Prime Contractor's Name]  
[Address]  
[City, State ZIP]

[Subcontractor's Name]  
[Address]  
[City, State ZIP]

Re: [Contract Number]

California Labor Code section 1771.5(b)(3) and the "Payroll Records" section of the California Department of Transportation's (Caltrans) *Standard Specifications* require prime contractors to submit all prime and subcontractor certified payroll records weekly to Caltrans. Payrolls are considered delinquent if not received by the 15th of the month for the previous month's work.

Caltrans has not received certified payrolls for work performed by [Subcontractor's Name] during the month of [Month]. A request for submittal of certified payrolls was sent to your office by [Mail or Electronic Mail] on [Date of Notice of Delinquent or Inadequate Certified Payroll Records]. Attached is a copy of the notice for your reference. Caltrans has withheld contract funds in the amount of [Amount Withheld] for failure to submit the required certified payroll records by the designated date.

In accordance with California Labor Code section 1776(h), you are hereby notified that failure to provide payrolls to Caltrans within 10 days from receipt of this request will subject [Subcontractor's Name] to a penalty of \$100 for each calendar day, or portion thereof, for each worker, until the required payrolls have been received at the above address.

Please send the delinquent certified payroll records to the above address within

Mr./Ms./Honorable Full Name

Date

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10 days from the date of this notice. Failure to provide the requested records will result in the submittal of a wage violation case to the Division of Construction Labor Compliance Unit and the California Department of Industrial Relations.

If you have questions regarding this notice, please contact [[Labor Compliance Officer's Name](#)] at [[Phone Number](#)].

Sincerely,

[[NAME IN ALL CAPS](#)]

(District # or Region Labor Compliance Manager or Officer)

c: [[Name, Title, Office](#)]

(These names appear on the original letter and all copies of the original letter. Anyone mentioned in the body of the letters should be listed in the copies.)

Attachment [[Notice of Delinquent or Inadequate Certified Payroll Records](#)]