DEPARTMENT OF TRANSPORTATION

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



FINAL NOTICE OF INADEQUATE CERTIFIED PAYROLL RECORDS

[Date]

[Certified or Overnight Mail Number]

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

Re: [Contract Number]

Inadequate certified payroll records submitted to the California Department of Transportation (Caltrans) for work performed during the month of [Month] have not been corrected. A request for corrected records was sent to your office by [Mail or Electronic Mail] on [Date of Notice of Delinquent or Inadequate Certified Payroll Records]. Based on an audit of available payrolls and contract records, we have determined that several employees who performed work [for subcontractor, if applicable] on the above-referenced contract were not compensated at the appropriate prevailing wages. We have enumerated wage violations, including potential penalties, on the attached CEM-2506, "Labor Compliance—Wage Violation," spreadsheets:

Straight Time Wages Due:	\$0.00
Overtime Wages Due:	\$0.00
Straight Time Penalties:	\$0.00
Overtime Penalties:	\$0.00

Total: \$0.00

Please provide a supplemental certified payroll, including a signed statement of compliance and a copy of the front and back of the canceled checks, to the above address. If Caltrans does not receive the requested documents within 10 days from receipt of this letter, we will forward a wage violation case to the Division of Construction Labor Compliance Unit and submit a formal forfeiture request to the California Department of Industrial Relations.

Mr./Ms./Honorable Full Name Date Page 2

If you have questions, 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 [Labor Compliance Wage Violation Form CEM-2506]