

RESTITUTION CONFIRMATION

Contractor _____ Project No _____

Project Name _____

Employee Name _____ ID# _____

Address _____ Telephone _____

Restitution Information

Employee Job Title _____

Required Hourly Wage Rate (Base + FB) _____

Hourly Wage Rate Paid (Base + FB) _____

Gross Amount \$ _____ Net Amount \$ _____

Deductions (if any)\$ _____

Regular Hrs Corrected _____ OT Hrs Corrected _____

Date (s) of infraction _____

Reason for restitution: (e.g. misclassified, incorrect rate, overtime not paid, etc.) _____

Please check one of the following:

This payment represents net wages after taxes were deducted. I have received a breakdown showing my tax deductions.

This payment represents gross wages and I understand that I am responsible for my own taxes on the amount.

I confirm that the information on this form is true and correct. I have received restitution in the amount stated and understand the payment of restitution owed me is for labor services I performed on this project during the dates stated.

Employee Signature _____ Date _____

Corporate Official Signature _____ Date _____