

# CITY OF SANTA BARBARA LIVING WAGE PAYROLL REPORTING FORM

|                            |                         |
|----------------------------|-------------------------|
| <b>Name of Contractor:</b> | <b>Address:</b>         |
| <b>Payroll No.:</b>        | <b>For Week Ending:</b> |
| <b>PO Number:</b>          |                         |

| <b>Instructions:</b><br>Enter work date as 5-9-16 for Monday, May 9<br><br>Employee Name & Last 4 Digits of SSN | <b>Hours Worked Each Day</b> |     |     |       |     |     |     | Total Hours | Hourly Rate of Pay | Deductions | Health Benefits Paid |
|---|------------------------------|-----|-----|-------|-----|-----|-----|-------------|--------------------|------------|----------------------|
|   | Date                         |     |     |       |     |     |     |             |                    |            |                      |
|   | Mon                          | Tue | Wed | Thurs | Fri | Sat | Sun |             |                    |            |                      |
|   |                              |     |     |       |     |     |     |             |                    |            |                      |
|   |                              |     |     |       |     |     |     |             |                    |            |                      |
|   |                              |     |     |       |     |     |     |             |                    |            |                      |
|   |                              |     |     |       |     |     |     |             |                    |            |                      |

**PAYROLL REPORTING FORM MUST BE COMPLETED FOR EACH PAYROLL PERIOD, SIGNED and MAILED TO:  
 ATTN: PUCHASING DEPARTMENT/LIVING WAGE, PO BOX 1990 SANTA BARBARA, CA 93102**

Use additional sheets as necessary for additional employees and for other than weekly payrolls

I \_\_\_\_\_, the undersigned, the \_\_\_\_\_ with the authority to act for and on the behalf of  
(Print Name) (Position in Company or Title)

\_\_\_\_\_, certify under penalty of perjury that the records or copies thereof submitted and consisting of \_\_\_\_\_  
(Name of business/contractor) (No. of pages)

are originals or true, full, and correct copies of the originals which depict the payroll record(s)

\_\_\_\_\_  
 Date Signature

**NOTE:** Contractor may provide reports from their payroll system in lieu of the City form if it contains the same information and is certified under the penalty of perjury to being accurate. **Report to be provide after each payroll period (e.g., weekly, bi-weekly, or monthly)**