

Certified Payroll Deficiency Notice

Use this form to notify contractors of payroll errors or deficiencies requiring correction.

Date of Notice:	
Project Name:	
Contractor Name:	
Payroll Number:	
Week Ending Date:	

Deficiencies Identified

The following deficiencies were identified during review of the above-referenced payroll:

- Missing or incomplete contractor information
- Missing or incorrect project information
- Mathematical errors in wage calculations
- Wage rate below applicable prevailing wage
- Missing fringe benefit information
- Incorrect worker classification
- Missing BOLI Addendum (Oregon projects)
- Unsigned or undated certification
- Missing days or hours worked
- Unauthorized deductions
- Other (describe below)

Detailed Description of Deficiencies

Required Action

Please submit a corrected payroll within _____ business days of receipt of this notice.

If wages were underpaid, include documentation of wage restitution to affected workers.



Contact Information

Questions regarding this notice should be directed to:

Name: _____ Phone: _____

Email: _____

Issued By: _____ Date: _____

Title: _____

Contractor Response (attach corrected payroll)

Contractor Representative: _____ Date: _____

Date Correction Submitted: _____

