

**CONTRACTOR'S REPORT OF EMPLOYMENT AND WEEKLY AFFIDAVIT**

**County of Westchester, Department of Public Works**

Contract No. \_\_\_\_\_

Report No. \_\_\_\_\_

Week(s) ending \_\_\_\_\_

Title of Contract and Location \_\_\_\_\_

Contractor or Subcontractor \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.:

I, \_\_\_\_\_, being duly sworn, depose and say:

1. I pay or supervise the payment of the persons employed by \_\_\_\_\_  
(Contractor or Subcontractor)  
in connection with the above referenced contract;

2. During the payment period commencing on the \_\_\_\_ day of \_\_\_\_\_,  
20\_\_ and ending on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, all persons employed by  
\_\_\_\_\_ in connection with such contract have been paid in full  
(Contractor or Subcontractor)  
weekly wages and supplements earned by such persons except the following: (strikeout, if not  
applicable)

3. Such persons have been paid the prevailing rate of wages and the supplements as  
determined and required by Section 220 of the New York State Labor Law.

4. No rebates or deductions have been deducted from such wages and supplements except as authorized or required by applicable statutes or regulations of the Federal, State and County Governments.

5. The following is a true and accurate summary of wages and supplements paid:

\_\_\_\_\_ During the week \_\_\_\_\_ Total to date

Number of names on payroll \_\_\_\_\_

Hours worked \_\_\_\_\_

Total wages earned \_\_\_\_\_

6. I have read the foregoing statement of wages and supplement, know the contents thereof, and the same is true to my own knowledge.

\_\_\_\_\_  
(Signature)

STATE OF NEW YORK)  
COUNTY OF WESTCHESTER) ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_ to me known, and known to me to be the person who executed the above instrument, and who being duly sworn did say that he executed the same.

Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Notary Public - State of New York