

PAYROLL SIGNATURE AUTHORIZATION

City of Cleveland Office of Equal Opportunity Prevailing Wage Compliance 601 Lakeside Avenue, Room 335 Cleveland, Ohio 44114

Phone: 216.664.4151 • Fax: 216.664.3870 • Email: PWcoordinator@clevelandohio.gov • Hours: 8 am to 6 pm Weekdays

PROJECT INFORMATION				
	PROJECT NAME:		DATE:	
FEDERAL WAGE DECISION & MODIFICATION #:				
CONTRACTOR INFORMATION				
CONTRACTOR:			PHONE:	
	MAIN CONTACT:		EMAIL:	
PAYROLL CLERK(S) & OTHER DESIGNEE(S)				
The following individuals will serve as the authorized signatory party for weekly certified payroll reports and may speak on behalf of our company regarding the weekly data entry of payroll reports on the aforementioned contract on our behalf:				
1	EMPLOYEE NAME:		TITLE:	
	EMPLOYEE SIGNATURE:		DATE:	
2	EMPLOYEE NAME:		TITLE:	
	EMPLOYEE SIGNATURE:		DATE:	
3	EMPLOYEE NAME:		TITLE:	
	EMPLOYEE SIGNATURE:		DATE:	
CONTRACTOR OFFICIAL ACKNOWLEDGEMENT & AUTHORIZATION				
COMPANY OFFICIAL		TITLE SIG	NATURE	DATE

IMPORTANT: You are required to notify (1) the City of Cleveland and (2) the Prime Contractor in writing via e-mail, fax, LCPtracker, or mail with any changes, additions, or deletions in personnel roles prior to submission of a payroll "statement of compliance" with their authorization and/or signature.

STATEMENT REQUIRED BY REGULATIONS, PARTS 3 AND 5: While the "statement of compliance" that accompanies payroll reports need not be notarized, the statement is subject to the penalties provided by 18 U.S.C. § 1001, namely, a fine, possible imprisonment of not more than 5 years, or both. Accordingly, the party signing this statement should have knowledge of the facts represented as true.

DIRECTIONS FOR COMPLETED FORM:

1. Please email completed form to general contractor. Keep a copy in the project file.