# LOS ANGELES COUNTY



# LIVING WAGE PROGRAM

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# **CONTRACTOR GUIDE**



**JANUARY 2020** 

### Living Wage Program Contractor Guide

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### Introduction and Background

The County of Los Angeles is proud to present the Living Wage Program (LWP) Contractor's Guide. This guide is intended to provide Proposers/Contractors with an overview of the LWP.

The Living Wage Program, Los Angeles County Code, Chapter 2.201, Ordinance No.

<u>99-0048</u>, was adopted by the Board of Supervisors (Board) on July 22, 1999 and enacted the LWP applicable to all Proposition A and cafeteria services contracts and amendments effective October 22, 1999. Proposition A and cafeteria contracts are defined as contracts with private businesses to perform services which are currently performed, or which could be performed, by County employees.

In adopting the Ordinance, the Board made a finding that the County is the principal provider of social and health services within the County, especially to persons who are compelled to turn to the County for such services. The Board also acknowledged that employers' failure to pay a living wage to their employees caused them to use such services thereby placing an additional burden on the County of Los Angeles.

In July 2015, the Board noted that the LW Program had not kept pace with changes in the economy and did not reflect the basic cost of living without dependence on government benefits. In addition, due to the implementation of the Affordable Care Act and other legislative changes, the LW Program framework and methodology has been restructured to reflect rising housing and consumer costs.

Effective March 1, 2016, the LW Program requires that Proposition A and cafeteria services County Contractors and Subcontractors pay all full-time and part-time employees no less than the hourly rates as follows:

| Effective Date  | Hourly Rate |
|-----------------|-------------|
| March 1, 2016   | \$13.25     |
| January 1, 2017 | \$14.25     |
| January 1, 2018 | \$15.00     |
| January 1, 2019 | \$15.79     |
| January 1, 2020 | \$16.31     |
| January 1, 2021 | CPI         |

Effective January 1, 2020, the Living Wage rate will be adjusted based on the U.S. Department of Labor, Bureau of Labor Statistics' Consumer Price Index (CPI) for the Los Angeles-Riverside-Orange County Area for the 12-month period preceding July 1 of each year.

### Applicability

The Living Wage is applicable to Contractors or Subcontractors who have or will receive an aggregate sum of \$25,000 or more in County Proposition A and/or cafeteria services contracts, including the proposed contract amount, in any 12-month period.

Contractors and Subcontractors providing Proposition A or cafeteria services are required to use full-time employees, defined as those employees working a minimum of

40 hours per week, or a lesser number of hours in accordance with recognized industry standards, but not less than 35 hours worked per week.

NOTE: A contractor's employee who works part-time on County contracts, and also works part-time on non-County facilities for a combined total of 40 hours per week is considered a full-time employee of the contractor.

In addition, the LW Program only requires that the employer pay the living wage to the employee for the hours worked on the County contract.

### Mandatory Proposer Conference

The LWP requires that all Proposers attend a mandatory conference for each solicitation to ensure that they understand the LWP provisions and requirements.

Proposers who do not attend the mandatory conference are disqualified from submitting a proposal.

### Exemption

The LW Program provides for an exemption based on <u>Collective Bargaining Agreements</u> (County Code Section 2.201.090.B).

The LWP does not apply to agreements between the Contractor and a labor organization (i.e., union) or collective bargaining unit that expressly supersedes the ordinance.

If a Proposer requests an exemption based on the existence of a Collective Bargaining Agreement, the department shall obtain guidance from County Counsel to make an affirmative determination of the following:

- 1. That the Collective Bargaining Agreement is bona fide and was an arm's length transaction entered into in good faith, and
- 2. That the Collective Bargaining Agreement expressly provides that 1) it supersedes all of the provisions of the LWP or 2) if not all, those specific provisions that are superseded.

- 3. If the Collective Bargaining Agreement supersedes some but not all of the provisions of the LWP, the department shall ensure that the Proposer has certified that Proposer will comply with all of the provisions of the LWP that are not expressly superseded by its Collective Bargaining Agreement.
- 4. In the event that a department recommends award of a contract to a Proposer determined by the department to have qualified for the collective bargaining exemption to the LWP, the department shall report such determination, and the basis for it, to the Board.

To apply for an exemption, Proposers must complete and submit an Application for Exemption form, Appendix A, as instructed in the Solicitation, and must include a copy of the bona fide Collective Bargaining Agreement that expressly provides that it supersedes all of the provisions of the LWP

The department will review the exemption status on an annual basis to ensure that the exemption is still valid by having the Contractor fill out the Annual Verification of Exemption to LWP. The Contractor has a continuing obligation throughout the Contract period to notify the County if it no longer qualifies for the exemption.

### **Proposal Submission - Living Wage Forms**

Solicitation documents include contractual requirements of the LWP. Forms that Proposers are required to submit with their Proposal, or as instructed in the Solicitation, include but are not limited to the following:

### 1. Application for Exemption, Appendix A (if applicable)

If a Proposer believes that it meets the exemption to the Living Wage Program, then the Proposer must complete and submit to the County the Application for Exemption, and include supporting documentation.

## 2. Labor/Payroll/Debarment History - Acknowledgement and Statement of Compliance, Appendix C

Proposer completes this form to report any violations and pending claims of labor law/payroll violation(s) within 3 years of proposal date and provide a brief description of the circumstances of the violation(s).

If a Proposer fails to report a labor law/payroll violation, the County may deduct from evaluation points, with substantially increased deductions for a contractor's failure to disclose reportable violations. "Pending claims" will not result in point deductions; however, such claims may be reported to the Board before a contract is awarded.

## 3. Contractor Non-Responsibility Debarment Acknowledgement and Statement of Compliance, Appendix D

Proposers complete this form to acknowledge that they have read and understood the requirements of the Living Wage and Contractors Non-responsibility and Debarment Ordinances, and check off if they <u>have</u> or <u>have not</u> had a history of the following:

- Alleged Labor Law/Payroll Violations
- > Determinations of Labor Law /Payroll Violations
- > Debarment

### 4. Staffing Plan, Appendix G

The Proposer must submit with its proposal a staffing plan, using full-time employees for the Contract. If the Proposer wants to use part-full time employees, the Proposer must submit to the County, along with its proposal, a written request detailing the Proposer's request

and justification. The County must approve the use of part-time employees prior to submitting a Staffing Plan.

### Pre-Job Conference

The awarding department will hold a Pre-Job Conference with the successful non-exempt Contractor and all Subcontractors, and Internal Services Department (ISD), prior to the start of the contract, to provide information on the LWP provisions and responsibilities, and to distribute the required reporting and monitoring forms including the Contractor Implementation Action Plan Checklist, Appendix B. The required handout notices (Notice to Employees Information Sheet – English and Spanish) and the posters (Notice to Employees Poster – English and Spanish, Appendices H and I) will be provided to the Contractor for distribution to employees. The Notice to Employees – Receipt Acknowledgement, Appendix J, will be given to the Contractor to be used to document the distribution of the handout notices to employees.

### **Reporting Requirements**

Once a contract is awarded and services begin, the Contractor will be required to submit monthly compliance/monitoring reports to the awarding department. Generally, the forms include, but are not limited to the following:

- Certified Payroll Report; and
- Payroll Statement of Compliance, Appendix F

In addition, the following supplemental documents may be required:

- Annual Calendar of Payroll Periods
- Detailed list of Contract Employees
- Comprehensive list of all payroll identification codes on Payroll Reporting Form, Appendix E

• Updated Staffing Plan

The reporting period for LWP compliance/monitoring forms is the calendar month. Forms are submitted to the designated department monitor by the 15th of the month following the reporting period.

### Non-Compliance

If a Contractor is having difficulty meeting the LWP requirements, the awarding department, and ISD, if necessary, may work with an individual Contractor to make a good faith effort to resolve the problem. If a contractor is unable to resolve the problem and is found to be in violation of the LWP requirements, the following actions may be taken by the County:

- Withholding of monies owed to the contractor
- Assessment of liquidated damages
- Possible termination of the contract and/or debarment from future County contracts (in accordance with the Contractor Non-Responsibility and Contractor Debarment Ordinance, Los Angeles County Code Section 2.202.010 through 2.202.060)

For additional information the Living Wage Hotline information is as follows:

Telephone: (888) 550-WAGE

Fax Number: (626) 457-3112

TTY: (213) 482-2598

Email: LWO-Construction-info@isd.lacounty.gov



### **APPLICATION FOR EXEMPTION**

The contract to be awarded pursuant to the County's solicitation is subject to the County of Los Angeles Living Wage Program (LW Program) (Los Angeles County Code, Chapter 2.201). Contractors and subcontractors must apply individually for consideration for an exemption from the LW Program. To apply, Contractors must complete and submit this form with supporting documentation to the County after the Mandatory Proposers Conference by the due date set forth in the solicitation document. Upon review of the submitted Application for Exemption, the County department will determine, in its sole discretion, whether the contractor and/or subcontractor is/are exempt from the LW Program.

| Company Name:  |           |                           |  |  |  |  |  |  |  |
|--|-----------|---------------------------|--|--|--|--|--|--|--|
| Company Address:   |           |                           |  |  |  |  |  |  |  |
| City:  | Zip Code: |                           |  |  |  |  |  |  |  |
| Telephone Number:  | ddress:   |                           |  |  |  |  |  |  |  |
| Awarding Department:   |           | Contract Term:            |  |  |  |  |  |  |  |
| Type of Service:   |           |                           |  |  |  |  |  |  |  |
| Contract Dollar Amount:  |           | Contract Number (if any): |  |  |  |  |  |  |  |
| My business has received an aggregate sur<br>under one or more Proposition A contrac<br>proposed contract amount |           | Yes No                    |  |  |  |  |  |  |  |

I am requesting an exemption from the LW Program for the following reason(s) (attach all documentation that supports your claim to this form). Please check all that apply:

My business is subject to a bona fide Collective Bargaining Agreement (attach agreement); AND

the Collective Bargaining Agreement expressly provides that it supersedes all of the provisions of the Living Wage Program; **OR** 

the Collective Bargaining Agreement expressly provides that it supersedes the following specific provisions of the Living Wage Program (I will comply with all provisions of the Living Wage Program not expressly superseded by my business' Collective Bargaining Agreement):

## I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.

| PRINT NAME: | TITLE: |
|-------------|--------|
| SIGNATURE:  | DATE:  |



#### **IMPLEMENTATION ACTION PLAN CHECKLIST**

The contract listed below is subject to the County of Los Angeles Living Wage Program (LW Program) (Los Angeles County Code, Chapter 2.201). In order to standardize implementation of the LW Program, awarding departments and successful contractors/subcontractors are invited to a LW Program "Pre-Job Conference" (Pre-Job) with Internal Services Department (ISD). The Pre-Job provides specific information on your LW Program responsibilities (including what forms to submit) and provides an opportunity to discuss any options available to assist you in meeting your LW Program compliance reporting requirements. Generally, the Pre-Job is conducted <u>after</u> the Board awards the contract but <u>before</u> the actual start of the service. *Please complete the following contract information:* 

| Company Name:                  |                   |                  |
|--------------------------------|-------------------|------------------|
| Company Address:               |                   |                  |
| City:                          | State:            | Zip Code:        |
| Contact Name:                  | Telephone Number: |                  |
| Facsimile Number:              | Email Address:    |                  |
| Awarding Department:           |                   | Contract Term:   |
| Contract Service Title:        |                   |                  |
| Annual Contract Dollar Amount: |                   | Contract Number: |

To ensure full compliance with the LW Program and success as a partner with the County, the following company owner/agent declares that during this Pre-Job Conference, the provisions of the LW Program were discussed, contractor LW Program responsibilities were defined, and required compliance reporting and monitoring forms were distributed and explained. This "Implementation Action Plan Checklist" must be fulfilled by the agreed upon due date to complete LW Program implementation.

| Owner's/Agent's Authorized Signature: | Print Name and Title: |                              |
|---------------------------------------|-----------------------|------------------------------|
| Date of Conference:                   | Submission Date:      | Date Action Items Completed: |

### FOR COUNTY USE ONLY:

Department, upon completion of all Action Items, sign below, submit this checklist to ISD, and keep a copy for your files.

| Department Authorized Signature | Print Name and Title: |
|---------------------------------|-----------------------|
| Date Action Items Completed:    | Date Sent to ISD:     |
| ISD Deputy Compliance Officer:  | Completed File Date:  |



### **IMPLEMENTATION ACTION PLAN CHECKLIST**

| ACTION (if not applicable, indicate with "N/A")   | Due Date | Completed |
|---|----------|-----------|
| 1. Is Contractor using subcontractor(s)? If yes, subcontractors must also attend Pre-Job         Conference and are subject to the LWO.    Yes  No  |          |           |
| 2. Update Staffing/Work Plan with employees names, work schedule, etc. (update and submit to the department when changes occur)   |          |           |
| Staffing/Work Plans provide (4) categories, if applicable:  |          |           |
| a) Full-Time employees  |          |           |
| b) Full-time employees providing part-time service to County  |          |           |
| c) <b>Substitute</b> , replacement, rovers, utility employees who will "fill-in" for regular full-time employees  |          |           |
| d) <b>Part-Time employees</b> (if applicable): Submit written request for approval to use part-time (i.e., less than 40 hours/ week) employees (the County must approve the use of any part-time employee).   |          |           |
| 3. Identify pay periods: Check one: Weekly Bi-weekly Semi-monthly Monthly   |          |           |
| 4. Provide a detailed payroll calendar denoting pay periods and <u>identify the monthly cut-off dates</u> for LWO reporting ( <i>reporting period is the calendar month</i> )   |          |           |
| <ul> <li>5. Determine monthly compliance/monitoring forms:</li> <li>a) Contractor will use County "LWO-Payroll Reporting Form" (complete and attach Payroll Statement of Compliance) Yes No</li> </ul>  |          |           |
| b) Contractor elects to submit their automatic payroll reports (prior to first<br>reporting period, submit a sample payroll report for department review and<br>approval). Report(s) must provide the same information as requested in the<br>"LWO-Payroll Reporting Form."     |          |           |
| <ul> <li>c) If applicable, when computer "codes/abbreviations" are used in automated<br/>reports, provide a listing of all payroll codes and their respective definitions to<br/>department (e.g., "02" = absent, "AWOP" = Absent Without Pay, "S" = Sick,<br/>etc.)</li> </ul> |          |           |
| 6. Living Wage Program - Payroll Statement of Compliance must be submitted with each: (Choose one) Payroll period report  Monthly report package  |          |           |
| 7. LWO "Notice to Employees" handout (other languages are available). Yes No  |          |           |
| 8. LWO Receipt Acknowledgement (proof employees received Notice)  |          |           |
| 9. LWO "Notice to Employees Working on County Contracts" poster (other languages are available). Yes No   |          |           |
| 10. Other Unresolved Issues? (Attach addendum and describe) Yes  No   |          |           |

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### ACKNOWLEDGEMENT AND STATEMENT OF COMPLIANCE LABOR/PAYROLL/DEBARMENT HISTORY

If applicable, firm must complete and submit a separate form (make photocopies of form) for each instance of any of the following (check the applicable box below):

An alleged claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation for an incident occurring within the past three (3) years of the date of the proposal.

A determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation.

A debarment by a public entity listed below within the past ten (10) years.

| Print Name of Firm:   |                   | Print Name of Owner:                  |  |  |  |  |  |
|---|-------------------|---------------------------------------|--|--|--|--|--|
| Print Address of Firm:  |                   | Owner's/Agent's Authorized Signature: |  |  |  |  |  |
| City, State, Zip Code:  |                   | Print Name and Title:                 |  |  |  |  |  |
| Public Entity   | Name:             | Date of Incident:                     |  |  |  |  |  |
| Case Information:   | Case Number:      | Date Claim Opened:                    |  |  |  |  |  |
|   | Name:             |                                       |  |  |  |  |  |
| Claimant<br>Information:  | Street Address:   |                                       |  |  |  |  |  |
|   | City, State, Zip: |                                       |  |  |  |  |  |
| Description of<br>Work: (e.g.,<br>Janitor)  |                   |                                       |  |  |  |  |  |
| Description of<br>Allegation and/or<br>Violation:   |                   |                                       |  |  |  |  |  |
| Disposition of<br>Finding (attach<br>disposition letter):<br>(e.g., Liquidated<br>Damages, Penalties,<br>Debarment, etc.) |                   |                                       |  |  |  |  |  |



Additional Pages are attached for a total of pages.



### CONTRACTOR NON-RESPONSIBILITY DEBARMENT ACKNOWLEDGEMENT AND STATEMENT OF COMPLIANCE

The undersigned individual is the owner or authorized agent (Agent) of the business entity or organization ("Firm") identified below and makes the following statements on behalf of his or her Firm.

The Agent is required to check each of the following two boxes:

#### LIVING WAGE ORDINANCE:

The Agent has read the County's Living Wage Ordinance (Los Angeles County Code Section 2.201.010 through 2.201.100), and understands that the Firm is subject to its terms.

#### CONTRACTOR NON-RESPONSIBILITY AND CONTRACTOR DEBARMENT ORDINANCE:

The Agent has read the County's Determinations of Contractor Non-Responsibility and Contractor Debarment Ordinance (Los Angeles County Code Section 2.202.010 through 2.202.060), and understands that the Firm is subject to its terms.

#### LABOR LAW/PAYROLL VIOLATIONS:

A "Labor Law/Payroll Violation" includes violations of any federal, state or local statute, regulation, or ordinance pertaining to wages, hours or working conditions such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination.

#### History of Alleged Labor Law/Payroll Violations (Check One):

The Firm **HAS NOT** been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of the proposal; **OR** 

The Firm **HAS** been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of this proposal. (I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each allegation.)

#### History of Determinations of Labor Law /Payroll Violations (Check One):

There **HAS BEEN NO** determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation; **OR** 

There **HAS BEEN** a determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation. I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each violation (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding.) (<u>The County may deduct points from the proposer's final evaluation score ranging from 1% to 20% of the total evaluation points available with the largest deductions occurring for undisclosed violations.)</u>

#### HISTORY OF DEBARMENT (Check one):

The Firm HAS NOT been debarred by any public entity during the past ten (10) years; OR

The Firm **HAS** been debarred by a public entity within the past ten (10) years. Provide the pertinent information (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding) on the attached Labor/Payroll/Debarment History form.

#### I declare under penalty of perjury under the laws of the State of California that the above is true, complete and correct.

| Owner's/Agent's Authorized Signature | Print Name and Title |
|--------------------------------------|----------------------|
|                                      |                      |
| Print Name of Firm                   | Date                 |
|                                      |                      |

|                     |                       |                         |       |      |     |       |        |      | 1 11/1 |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|---------------------|-----------------------|-------------------------|-------|------|-----|-------|--------|------|--------|-------|-------------|----|----|-----------------------|------|-------|------|-------|---------|---------|---------|---------|------|--|
| (1)  CONTRACTOR     |                       |                         |       |      |     |       |        |      |        |       | AGE         |    |    |                       | ONT  |       |      | TING  |         | l       |         |         |      |  |
|                     | OR                    |                         |       |      |     |       |        |      |        |       |             |    |    | (7) TYPE OF SERVICE   |      |       |      |       |         |         |         |         |      |  |
| (2) NAME:           |                       |                         |       |      |     |       |        |      |        |       |             |    |    | (8) WORK LOCATION(S): |      |       |      |       |         |         |         |         |      |  |
| (3) ADDRESS:        |                       |                         |       |      |     |       |        |      |        |       |             |    |    |                       |      | LUU   |      | •(0). |         |         |         |         |      |  |
| (4) CONTACT PERSON: |                       |                         | (5) T | ELEP | HON | F & F | MAII - |      |        |       |             |    |    | (9) P                 | AYRO | DLL P | ERIO | D (Be | ainnina | and end | dates): |         |      |  |
|                     |                       |                         | (0) 1 |      |     |       |        |      |        |       |             |    |    | (-7                   |      |       |      | ( -   | 5 5     |         | ,       |         |      |  |
|                     | (11) Last 4 digits SS | (13) Position           |       |      |     |       |        | (14) | ΠΑΥ    | ' ANE | אח (        | TF |    |                       |      |       |      |       | (15)    | (16)    | (17)    | (18)    | (19) |  |
| (10) NAME / ADDRESS |                       | Title:                  | 1     | 2    | 3   | 4     | 5      | 6    | 7      | 8     | 9           | 10 | 11 | 12                    | 13   | 14    | 15   |       | Total   | Pay     | (17)    | Medi-SS | Fed  |  |
|                     | (12) 🗆 Full           |                         | 16    | 17   | 18  | 19    | 20     | 21   | 22     | 23    | 24          | 25 | 26 | 27                    | 28   | 29    | 30   | 31    | Hours   | Rate    | Gross   | FICA    | Тах  |  |
|                     |                       | County                  |       |      |     |       |        |      |        |       |             |    | •  |                       |      |       |      |       |         |         | 0.000   |         | 1001 |  |
|                     |                       | OT                      |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       | Non-County              |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       | OT                      |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       |                         |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       |                         |       |      | -   |       |        |      |        |       |             |    |    |                       | -    |       |      | -     |         |         |         |         |      |  |
|                     | (11) Last 4 digits SS | (13) Position           |       | l    | I   | I     |        | (14) | ΠΑΥ    | í ane | ו<br>A רו ר |    |    |                       | I    |       |      |       | (15)    | (16)    | (17)    | (18)    | (19) |  |
| (10) NAME / ADDRESS |                       | Title:                  | 1     | 2    | 3   | 4     | 5      | 6    | 7      | 8     | 9           | 10 | 11 | 12                    | 13   | 14    | 15   |       | Total   | Pay     | (17)    | Medi-SS | Fed  |  |
| ()                  | (12) 🗖 Full           | •                       | 16    | 17   | 18  | 19    | 20     | 21   | 22     | 23    | 24          | 25 | 26 | 27                    | 28   | 29    | 30   | 31    | Hours   | Rate    | Gross   | FICA    | Тах  |  |
|                     |                       | County                  |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       | OT                      |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       | Non-County              |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       | OT                      |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       |                         |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       |                         |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     | (11) Last 4 digits SS | (13) Position<br>Title: |       |      |     |       |        | (14) | DAY    | ' ANE | DA (        | TF |    |                       |      | 1     |      |       | (15)    | (16)    | (17)    | (18)    | (19) |  |
| (10) NAME / ADDRESS |                       | The.                    | 1     | 2    | 3   | 4     | 5      | 6    | 7      | 8     | 9           | 10 | 11 | 12                    | 13   | 14    | 15   |       | Total   | Pay     | ()      | Medi-SS | Fed  |  |
| ()                  | (12) 🗖 Full           | •                       | 16    | 17   | 18  | 19    | 20     | 21   | 22     | 23    | 24          | 25 | 26 | 27                    | 28   | 29    | 30   | 31    | Hours   | -       | Gross   | FICA    | Тах  |  |
|                     |                       | County                  |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       | OT                      |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       | Non-County              |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       | OT                      |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       |                         |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       |                         |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     | (11) Last 4 digits SS | (13) Position<br>Title: |       |      |     |       |        | (14) | DAY    | ' ANE | DA (        | TE |    |                       |      |       |      |       | (15)    | (16)    | (17)    | (18)    | (19) |  |
| (10) NAME / ADDRESS |                       | The.                    | 1     | 2    | 3   | 4     | 5      | Γ    | 7      | 8     | 9           | 10 | 11 | 12                    | 13   | 14    | 15   |       | Total   | Pay     | ()      | Medi-SS | Fed  |  |
| · · · ·             | (12) 🗖 Full           |                         | 16    | 17   | 18  | 19    | 20     | 21   | 22     | 23    | 24          | 25 | 26 | 27                    | 28   | 29    | 30   |       | Hours   | -       | Gross   | FICA    | Тах  |  |
|                     | □ Part                | County                  |       |      |     |       |        |      |        |       |             |    |    |                       |      |       | -    |       |         |         |         |         |      |  |
|                     |                       | OT                      |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       | Non-County              |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       | OT                      |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       | _                       |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     |                       |                         |       |      |     |       |        |      |        |       |             |    |    |                       |      |       |      |       |         |         |         |         |      |  |
|                     | I                     |                         |       | I    | I   | I     | I      | I    | I      | I     |             |    |    | I                     | I    | I     | I    | I     | 1       |         |         | 1       |      |  |

Rev. April 2017

The form may be adjusted to include additional rows to itemize the earnings and deductions in accordance with the contract requirements.

### APPENDIX E

|   | DEDUC         | TIONS |       |        |       | (25) Comments |
|---|---------------|-------|-------|--------|-------|---------------|
| ) | (20)          | (21)  | (22)  | (23)   | (24)  |               |
|   | State         |       |       | Total  | Net   |               |
|   | Tax           | SDI   | Other | Deduct | Wages |               |
|   |               |       |       |        |       |               |
|   |               |       |       |        |       |               |
|   |               |       |       |        |       |               |
| ) | (20)          | (21)  | (22)  | (23)   | (24)  | (25) Comments |
| , | (20)<br>State | (- ') | ()    | Total  | Net   |               |
|   | Тах           | SDI   | Other | Deduct | Wages |               |
|   |               |       |       |        |       |               |
| ) | (20)          | (21)  | (22)  | (23)   | (24)  | (25) Comments |
|   | State         |       |       | Total  | Net   |               |
|   | Tax           | SDI   | Other | Deduct | Wages |               |
|   |               |       |       |        |       |               |
| ) | (20)          | (21)  | (22)  | (23)   | (24)  | (25) Comments |
|   | State         |       |       | Total  | Net   |               |
|   | Tax           | SDI   | Other | Deduct | Wages |               |
|   |               |       |       |        |       |               |

### PAYROLL STATEMENT OF COMPLIANCE

I, \_\_\_\_(Name of Owner or Company Representative), \_\_\_\_\_(Title)

### Do hereby state:

- 1. That pay supervise the payment of the persons employed by or (Contractor/Subcontractor) on the \_\_\_\_(Contract) that during the payroll period commencing on the (day) of (Month and Year), and ending the (day) of (Month and Year), all persons employed on said work site have been paid the full weekly wages earned, that no rebates have been or will be made, either directly or indirectly to or on behalf of (Contractor/Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or in directly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 357; 40 U.S.C. 276c), and described below:
- That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for employees contained therein are not less than the applicable County of Los Angeles Living Wage rates contained in the contract.

I have reviewed the information in this report and as company owner or authorized agent for this company, I sign under penalty of perjury certifying that all information herein is complete and correct.

| Print Name and Title                 | Owner or Company Representative Signature:      |  |  |  |  |
|--------------------------------------|---|--|--|--|--|
|                                      | DATE:   |  |  |  |  |
|                                      | OF THE ABOVE STATEMENTS MAY SUBJECT THE         |  |  |  |  |
|                                      | CIVIL OR CRIMINAL PROSECUTION. IN ADDITION, THE |  |  |  |  |
|                                      | BE SUSPENDED AND PRECLUDED FROM BIDDING ON OR   |  |  |  |  |
| PARTICIPATING IN ANY COUNTY CONTRACT | T OR PROJECT FOR A PERIOD OF THREE (3) YEARS.   |  |  |  |  |

### COUNTY OF LOS ANGELES LIVING WAGE PROGRAM STAFFING PLAN



| COMPANY NAME    |  |
|-----------------|--|
| COMPANY ADDRESS |  |
| PROJECT         |  |
| DEPARTMENT NAME |  |
|                 |  |

|                      |          |          |            | HOURS    |         |            |        |      |      | COUNTY | NON-CNTY |     |     |     |       |       |       |      |             |
|----------------------|----------|----------|------------|----------|---------|------------|--------|------|------|--------|----------|-----|-----|-----|-------|-------|-------|------|-------------|
|                      | EMPLOYEE | POSITION | ROVER(S)   | WORK     | WORKED  | FULL TIME/ | HOURLY |      |      |        | HOURS    |     |     |     | TOTAL | TOTAL | TOTAL | HIRE | TERMINATION |
| FACILITY OR LOCATION | NAME     | TITLE    | (Back ups) | SCHEDULE | PER DAY | PART TIME  | RATE   | MON. | TUES | WEDS   | THURS    | FRI | SAT | SUN | HRS   | HRS   | HRS   | DATE | DATE        |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       |       |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     |       |       |       |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     |       |       |       |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     |       |       |       |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     |       |       |       |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          |         |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |
|                      |          |          |            |          | 1       |            |        |      |      |        |          |     |     |     | 0     |       | 0     |      |             |



### COUNTY OF LOS ANGELES LIVING WAGE ORDINANCE NOTICE TO EMPLOYEES

This employer is a contractor with the County of Los Angeles. This contract is subject to the Living Wage Ordinance (LWO) established by the Board of Supervisors (Los Angeles County Code Chapter 2.201). If you are a full-time or part-time employee and perform any service to the County under this contract, you must be paid a "Living Wage" for the hours you work on the County contract.

### THESE ARE YOUR RIGHTS...

### Living Wage

Your employer shall pay you a Living Wage for services provided to the County of no less than the hourly rates and effective dates as follows:

| Effective Date  | Hourly Rate |
|-----------------|-------------|
| March 1, 2016   | \$13.25     |
| January 1, 2017 | \$14.25     |
| January 1, 2018 | \$15.00     |
| January 1, 2019 | \$15.79     |
| January 1, 2020 | \$16.31     |
| January 1, 2021 | CPI         |

Effective January 1, 2020, the Living Wage rate will be adjusted based on the U.S. Department of Labor, Bureau of Labor Statistics' Consumer Price Index (CPI) for the Los Angeles-Riverside-Orange County Area for the 12-month period preceding July 1 of each year.

#### Retaliation

You cannot be transferred, demoted or terminated because you reported violations of the Living Wage Program. All acts of retaliation can be reported to Internal Services Department by calling the Living Wage Hotline.

#### Worker Retention

If the County of Los Angeles terminates its contract with your current employer before the contract's expiration date and enters into a new contract with another contractor for the same service, you may be eligible to continue working as an employee of the new contractor for a period not less than 90 days following the start of the new contract.

#### Federal Earned Income Tax Credit

You may be eligible to apply for the Federal Earned Income Tax Credit and receive an annual monetary amount established by the IRS if you qualify. Application forms are available from your employer or by contacting the Internal Revenue Service at (800) 829-3676.

#### If you believe your rights have been violated, you should immediately contact the following:

Department Administering this Contract

County Department Phone Number

OR Internal Services Department Countywide Contract Compliance Section Living Wage Hotline (888) 550-WAGE OR (888) 550-9243



#### CONDADO DE LOS ÁNGELES ORDENANZA DEL SUELDO DIGNO

### **AVISO PARA LOS EMPLEADOS**

Este empleador es un contratista del Condado de los Ángeles. Este contrato está sujeto a la Ordenanza del Sueldo Digno (Living Wage Ordinance - LWO) establecido por la Junta de Supervisores (Capítulo 2.201 del Código del Condado de Los Ángeles). Si usted es empleado de tiempo completo o de tiempo parcial y desempeña cualquier servicio al Condado bajo este contrato, a usted se le debe de pagar un "Sueldo Digno" por las horas que usted trabaje en el contrato del Condado.

### ESTOS SON SUS DERECHOS... Sueldo Digno (Living Wage)

Su empleador deberá pagarle a usted un Sueldo Digno por los servicios brindados al Condado por lo menos las tarifas por hora y a partir de las siguientes fechas de vigencia:

| Fecha de Vigencia   | Tarifa por hora |
|---------------------|-----------------|
| 1° de Marzo de 2016 | \$13.25         |
| 1° de Enero de 2017 | \$14.25         |
| 1° de Enero de 2018 | \$15.00         |
| 1° de Enero de 2019 | \$15.79         |
| 1° de Enero de 2020 | \$16.31         |
| 1° de Enero de 2021 | CPI             |

Con vigencia a partir del 1° de enero de 2020, la tarifa del Sueldo Digno será ajustada de acuerdo al Índice de Precios al Consumidor (CPI) del Buró de Estadísticas del Trabajo, del Departamento de Trabajo de EE.UU., para el área del Condado de Los Ángeles-Riverside-Orange durante el periodo de 12 meses previo al 1° de julio de cada año.

#### Represalias

Usted no podrá ser transferido, degradado ni despedido debido a que usted dé a conocer las infracciones al Programa de Sueldo Digno (Living Wage Program). Los actos de represalia pueden ser denunciados al Departamento de Servicios Internos Ilamando al teléfono de servicio de Sueldo Digno.

### Retención del Trabajador

Si el Condado de los Ángeles rescinde su contrato con el empleador que usted tiene actualmente antes de la fecha de vencimiento del contrato, e inicia un nuevo contrato con otro contratista para el mismo servicio, usted puede ser elegible para seguir trabajando como empleado para el nuevo contratista durante un periodo no menor a 90 días a partir del inicio del nuevo contrato.

### Crédito Tributario Federal por Ingresos del Trabajo

Usted puede ser elegible para solicitar el Crédito Tributario Federal por Ingresos del Trabajo y recibir una cantidad de dinero anual establecida por el IRS en caso de que usted califique. Los formularios de solicitud están disponibles con su empleador o comunicándose con el Servicio de Impuestos Internos (IRS) llamando al (800) 829-3676.

### Si usted cree que sus derechos han sido infringidos, debe comunicarse de inmediato a:

Departamento que administra este Contrato

Número telefónico del Departamento del Condado

Departamento de Servicios Internos Sección de Cumplimiento de Contratos en todo el Condado Línea Telefónica del Servicio de Sueldo Digno (Living Wage Hotline) (888) 550-WAGE O (888) 550-9243

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Appendix I

# NOTICE TO EMPLOYEES Working on County Contracts



The County of Los Angeles Board of Supervisors established the Living Wage Program (Los Angeles County Code Chapter 2.201). You may be entitled to receive the Living Wage rate of pay.

### **Living Wage**

If you are a contract employee, you must be paid not less than the Living Wage rate as follows:

| Effective Date  | Hourly Rate |
|-----------------|-------------|
| March 1, 2016   | \$13.25     |
| January 1, 2017 | \$14.25     |
| January 1, 2018 | \$15.00     |
| January 1, 2019 | \$15.79     |
| January 1, 2020 | \$16.31     |
| January 1, 2021 | CPI         |

Effective January 1, 2020, the Living Wage rate will be adjusted based on the U.S. Department of Labor, Bureau of Labor Statistics' Consumer Price Index (CPI) for the Los Angeles-Riverside-Orange County Area for the 12-month period preceding July 1 of each year.

### Retaliation

You cannot be transferred, demoted, or terminated because you reported violations of the Living Wage Program. All acts of retaliation can be reported to the Internal Services Department by calling the Living Wage Hotline.

### Federal Earned Income Tax Credit

You may be eligible to apply for the Federal Earned Income Tax Credit and receive an annual monetary amount established by the IRS if you qualify. Application forms are available from your employer or by contacting the Internal Revenue Service at (800) 829-3676.

### **Worker Retention**

If the County of Los Angeles terminates its contract with your current employer before the contract's expiration date and enters into a new contract with another contractor for the same service, you may be eligible to continue working as an employee of the new contractor for a period not less than 90 days following the start of the new contract.

Employees that qualify for Worker Retention rights are:

- 1. Employees who are full-time or part-time contract workers.
- 2. Employees who are not exempt under the minimum wage and maximum hour exemptions.
- 3. Employees who have been employed under the predecessor's contract for six months prior to the termination of the predecessor's contract.

### **Complaints of Violation**

Complaints and violations of the Living Wage Program can be reported by calling the Living Wage HOTLINE at:

(888) 550-WAGE

### OR

(888) 550-9243 Or the awarding Department at

# AVISO PARA EMPLEADOS

### Trabajando en Contratos del Condado

La Junta de Supervisores estableció el Programa del Sueldo Digno (Capítulo 2.201 del Código del Condado de Los Ángeles). Usted puede tener derecho a recibir la tarifa de pago del Sueldo Digno.

### **Sueldo Digno**

Si usted es empleado bajo contrato, a usted se le deben de pagar al menos las siguientes tarifas de Sueldo Digno:

| Fecha de Vigencia   | Tarifa por hora |
|---------------------|-----------------|
| 1° de Marzo de 2016 | \$13.25         |
| 1° de Enero de 2017 | \$14.25         |
| 1° de Enero de 2018 | \$15.00         |
| 1° de Enero de 2019 | \$15.79         |
| 1° de Enero de 2020 | \$16.31         |
| 1° de Enero de 2021 | CPI             |

Vigencia a partir del 1° de enero de 2020, la tarifa de Sueldo Digno será ajustada de acuerdo al Índice de Precios al Consumidor (CPI0 del Buró de Estadísticas del Trabajo, del Departamento de Trabajo de EE.UU., para el área del Condado de Los Ángeles-Riverside-Orange durante el periodo de 12 meses previo al 1° de julio de cada año.

### **Represalias**

Usted no podrá ser transferido, degradado ni despedido debido a que usted dé a conocer infracciones al Programa de Sueldo Digno (Living Wage Program). Todos los actos de represalia pueden ser denunciados al Departamento de Servicios Internos llamando a la Línea Telefónica de Servicio de Sueldo Digno.

### Crédito Tributario Federal por Ingresos del Trabajo

Usted puede ser elegible para solicitar el Crédito Tributario Federal por Ingresos del Trabajo y recibir una cantidad de dinero anual establecida por el IRS en caso de que usted califique. Los formularios de solicitud están disponibles con su empleador o comunicándose con el Servicio de Impuestos Internos al (800) 829-3676.

### **Retención del Trabajador**

Si el Condado de los Ángeles rescinde su contrato con el empleador que usted tiene actualmente antes de la fecha de vencimiento de contrato, e inicia un nuevo contrato con otro contratista para el mismo servicio, usted puede ser elegible para seguir trabajando como empleado para el nuevo contratista durante un periodo no menor a 90 días a partir del inicio del nuevo contrato.

Los empleados que califican para los derechos de Retención de Trabajadores son:

- 1. Empleados que estén contratados por tiempo completo o por tiempo parcial.
- Empleados que no estén exentos bajo las excepciones de salario mínimo y de horas de jornada máxima.
- 3. Empleados que hayan estado bajo contrato del empleador anterior durante los seis meses previos a la finalización del contrato de ese empleador.

### **Quejas de Incumplimiento**

Se pueden dar a conocer las quejas por incumplimiento al Programa de Sueldo Digno llamando a la Línea Telefónica de Servicio de Sueldo Digno al:



(888) 550-9243 O al Departamento otorgante al





### LIVING WAGE ORDINANCE NOTICE TO EMPLOYEES

### **Receipt Acknowledgement**

### CONTRACTOR NAME:

### **CONTRACT NUMBER:**

**POLICY**: Contractor shall distribute, at least annually, the LWO Notice to Employees handout to all employees providing a service to the County.

**INSTRUCTIONS**: Upon contract startup, a copy of the handout shall be provided to each contract employee and a Receipt Acknowledgment completed. The completed acknowledgement shall be retained in contractor's files and be available for review upon request of County staff. If new employees are hired during the term of the contract, the contractor shall provide a copy of the handout to new employees and complete the acknowledgement listing each new employee.

<u>Annually</u>, following the initial service date, the contractor shall redistribute a copy of the LWO Notice to Employees handout to each contract employee and complete an updated Receipt Acknowledgement documenting the redistribution. The completed updated acknowledgement shall be retained in contractor's files and be available for review upon request by County staff.

This form must be retained by contractor for a minimum of seven (7) years.

### Employee's Signature acknowledges receipt of a LWO Notice to Employees Handout

| EMPLOYEE NAME (LAST, FIRST) | EMPLOYEE NO | EMPLOYEE'S SIGNATURE | DATE |
|-----------------------------|-------------|----------------------|------|
|                             |             |                      |      |
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