

# Training Will Begin at 10:30am

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- Please **MUTE** your microphone
- Please **TURN OFF** your camera (to minimize used bandwidth)
- Try logging off and logging back in if the session **FREEZES**
- Asking or Submitting Questions
  - We will address all questions during the Question & Answer session
  - Please utilize the **CHAT** feature when submitting Questions



# Flexible Facilities Program Office Hours:



## **FAIR LABOR PRACTICES Training Webinar May 13, 2025**

**Presenter:** Stacey Miller

**Facilitators:** Amanda Knack &  
Sally Smarzinski

Division of Energy, Housing and Community Resources (DEHCR) Bureau of Community Development (BCD)



DOA.WI.GOV

# Office Hours - Logistics

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## Implementation Training Materials:

- Agenda
- Training Slides
- [\*FFP Implementation Handbook: Chapter 7\*](#)
- Payroll Templates: Handbook Attachments [FFP-07-01](#), [FFP-07-02](#), [FFP-07-03](#)

# Office Hours - Agenda

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- 10:30am – 11:00am
- Welcome & Introductions
  - Relevant Laws
  - Wage Rates
  - Payroll Records
    - Payroll Report – Templates
    - Payroll Records – Review & Monitor
    - Payroll Records – Document Retention
  - EXAMPLES
- 11:00am – 11:30am
- Q & A Session



# Office Hours: Fair Labor Practices



**Relevant Laws**  
**Wage Rates**  
**Payroll Records**

# Relevant Labor Laws

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## [Contract Work Hours and Safety Standards Act \(CWHSSA\)](#)

Applicable to all prime contracts >\$100,000 and associated subcontracts:

- Standard work week = 40 hours
- Overtime (OT) Rate = 1 ½ times regular hourly wage rate for +40 hours in a week
  - Liquidated damages = \$33 per employee each day of OT underpayment
- No unsanitary, hazardous, or dangerous (health/safety) working conditions

## [Fair Labor Standards Act \(FLSA\)](#)

Applicable to all grantees, subrecipients, contractors:

- Must comply with FLSA and all other labor laws applicable to the company and industry
- Wage + Overtime rate requirements by industry and job



# Relevant Labor Laws – Conditional Exemptions

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**DO NOT APPLY** *unless* required by other funding source(s) for FFP project:

- [Davis-Bacon and Related Acts \(DBRA\)](#) (and Federal Wage Rates)
- [Copeland “Anti-Kickback” Act \(40 U.S.C. 3145\)](#)

# Wage Rates – Construction

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- Employees **with** a collective bargaining agreement:
  - Wage Rate + Fringe Rate per the collective bargaining agreement
- Employees **without** a collective bargaining agreement:
  - The higher of** the following scenarios:
    - Employees regular Wage Rate + Fringe Rate, normally paid by the employer (contractor), or
    - State established FFP minimum Wage Rate + Fringe Rate of \$17.75/hour.
- Apprentices:
  - Wage + Fringe Rate specified in their Federal/State recognized apprentice documentation



# Wage Rate Examples

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## Employee A: Power Equipment Operator (Union)

Union contract rate is \$25.00/hour Wage + \$10.00/hour in Fringe Benefits for this job classification.

- Minimum Rate: Union Wage + Fringe Benefits Rate of **\$35.00/hour**

## Employee B: Truck Driver (Non-Union)

Normally paid \$13.00/hour Wage + \$3.00 in Fringe Benefits by contractor.

- Minimum Rate: FFP minimum Wage + Fringe Rate of **\$17.75/hour**

## Employee C: Painter (Non-Union)

Normally paid \$19.00/hour Wage + No Fringe Benefits by contractor.

- Minimum Rate: Their normal Wage + Fringe Rate of **\$19.00/hour**

# Payroll Records & Documentation

- Submitted by contractors/subcontractors each payroll period (typically weekly or bi-weekly)
- Reviewed/monitored by Grantee for FFP compliance
- Documentation submissions
  - Weekly Payroll Report *and* signed Certification (i.e., Statement of Compliance)
  - Payroll supporting documents, listing types *and* amounts of *fringe benefits* and *payroll deductions*
  - Collective bargaining agreements or other union documents specifying wage and fringe benefit rates
  - Apprenticeship documentation
- Other documentation maintained by contractor/subcontractor

# Payroll Records – Reviews & Monitoring

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To ensure compliance with payroll submittals, the Contractor/Subcontractor must:

- **Submit:** payroll records within 7 days after the end of the pay period (typically weekly or bi-weekly)
- **Submit:** payroll records with sequential numbering
- **Provide:** all supporting documents and signed certification (i.e., Statement of Compliance) with each payroll record submittal
- **Ensure:** all employee payrolls, are signed by a principal of the contractor/subcontractor firm, or by an authorized representative



# Payroll Records – Reviews & Monitoring

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To ensure compliance with FFP fair labor standards, the Grantee, their Grant Administrator or another designated representative must:

- **Review:** payroll records and all supporting documentation
- **Monitor:** to verify minimum straight-time hourly Wage + Fringe Rate was paid
- **Monitor:** to verify overtime was paid at 1 ½ times the employee's regular "base" hourly Wage Rate, for hours worked over forty (40) within the week
- **Retain:** the payroll records documentation in the FFP project file

# Payroll Records Retention

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- Maintain all payroll records and supporting documentation in FFP Labor Standards file
- Records must be provided to DEHCR upon request for monitoring purposes
- Contractors/subcontractors must retain records for **3 years**, after the date the Prime's work on the FFP project is complete
- Grantees must retain records for **7 years**, after DEHCR issued project completion letter date

## Reminder:

[SAM.gov](https://sam.gov) debarment check records that verify contractor/subcontractor eligibility to work on federally-funded projects must also be on file.

([FFP Implementation Handbook: Chapter 3](#))



# Office Hours: Fair Labor Practices


Department of Labor  
Hour Division

Davis-Bacon and Related Acts Weekly Certified Payroll Form

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

Unless otherwise noted, the information requested is specific to the named project below.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

U.S. Wage and Hour Division

Rev. Jan 2010  
OMB No. 4510-0060  
Expires: 01/01/2011

OPTIONAL FINAL DBRA CERTIFIED PAYROLL FORM

☐ PRIME CONTRACTOR ☐ SUBCONTRACTOR

NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME											
LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS											
(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)				
WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(1) JOURNEYPERSON (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	(4)		TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK			
						ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL
						ST											
						OT											
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# Payroll Record Templates

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1																							
2	<b>WEEKLY PAYROLL REPORT</b>																						
3	WISCONSIN DEPARTMENT OF TRANSPORTATION																						
4	DT 1929 9/2006 (Replaces EC 674)																						
5	The weekly submittal of this form is required by 29 CFR Part 3 * Full name, address, and social security number must appear on the first payroll																						
6	** Fringe benefit details MUST be reported on a supplementary page.																						
7	*** Include private work.																						
8	**** If Operating Engineer or Laborer, include equipment or skill level of employee.																						
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WisDOT Payroll Record

[Attachment 07-01](#)

COMPLIANCE STATEMENT TO ACCOMPANY									
CONTRACTOR'S WEEKLY PAYROLL									
DT1816 9/2008 (Replaces EC673)									
The willful falsification of any of the statements on this form may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.									
Submit one copy to Regional Office									
Adapted from U.S. Department of Labor Form WH-348(1)(68).									
Wisconsin Department of Transportation									
No. State Project ID Federal Project ID County									
Contractor or Subcontractor									
Authorized Agent Name Authorized Agent Title									
I, the undersigned, do state that:									
1. I pay, or supervise the payment of the persons employed by the above contractor or subcontractor on the above project designated above all persons employed on said project have been paid the full weekly wages earned, except as not rebates have been or will be made either directly to or indirectly on behalf of said contractor or subcontractor from the any person. No deductions have been made directly or indirectly from the full wages earned by any person, other than those defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended, 108 Stat. 967; 76 Stat. 357; 40 U.S.C. 278(c), and described below in Section 1(b).									
(a) Exceptions Name Craft Explanation									

WisDOT Payroll Record  
Compliance Statement

[Attachment 07-02](#)

U.S. Department of Labor Davis-Bacon and Related Acts Weekly Certified Payroll Form															
Wage and Hour Division															
(For Contractor's Optional Use; See Instructions at <a href="http://www.dol.gov/whd/forms/wh347instr.htm">www.dol.gov/whd/forms/wh347instr.htm</a> )															
Unless otherwise noted, the information requested is specific to the named project below.															
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.															
<input type="checkbox"/> SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM <input type="checkbox"/> PRIME CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR															
PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME									
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS									
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)	(9)
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(1) JOURNEYWORKER (2) APPRENTICE	LABOR CLASSIFICATION	ST - STRAIGHT TIME OT - OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES	TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK
								HOURS WORKED EACH DAY						TAX WITH- HOLDINGS	NET PAY TO WORKER FOR ALL WORK
							ST								
							OT								
							ST								
							OT								

USDOL Payroll Record &  
Compliance Form

[Attachment 07-03](#)



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# WisDOT Payroll Report – Attachment 07-01

## WEEKLY PAYROLL REPORT

WISCONSIN DEPARTMENT OF  
TRANSPORTATION

DT 1929 9/2006 (Replaces EC 674)

The weekly submittal of this form is required by 29 CFR  
Part 3.

\*\* Fringe benefit details MUST be reported on a supplementary page.

\*\*\* Include private work.

\*\*\*\* If Operating Engineer or Laborer, include equipment or skill level of employee.

\* Full name, address, and social security number must appear on the first  
payroll on which the employee's name appears. The social security number  
is collected for payroll purposes.

Payroll #	Contractor Name		State Project ID		Federal Project ID		County		Payroll Period Week Ending	Sheet #										
	Prime Contractor		Subcontractor Hired By:																	
Enter information below on every individual that you employed on this project during the payroll report period*			DAILY HOURS WORKED S= Straight Time O=Overtime						TOTAL WEEKLY	(A) BASIC HOURLY RATE	(B) BENEFITS HOURLY RATE FUND CASH PAYMENT PAYMENT	(A) + (B) TOTAL HOURLY RATE	PROJECT WAGES GROSS WAGES	FICA	FED WH	ST WH	OTHER (SPECIFY)	NET PAID	CHECK #	
			SU	M	TU	W	TH	F	SA	HRS WORKED										
			Name						0			0	0					0		
S.S. #			OTHER PROJECTS ***																	
Trade/Craft			S																	
Apprentice Yes No TrnsGrad			O																	
Name			Name						0			0	0				0			
S.S. #			OTHER PROJECTS ***																	
Trade/Craft			S																	
Apprentice Yes No TrnsGrad			O																	





# WisDOT Compliance Statement – Attachment 07-02

COMPLIANCE STATEMENT TO ACCOMPANY CONTRACTOR'S WEEKLY PAYROLL		Wisconsin Department of Transportation		
DT1816 9/2008 (Replaces EC673)		The willful falsification of any of the statements on this form may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.		
Submit one copy to Regional Office		Adapted from U.S. Department of Labor Form WH-348(1)(68).		
No.	State Project ID	Federal Project ID	County	Payroll Period
Contractor or Subcontractor				
Authorized Agent Name		Authorized Agent Title		Authorized Agent Phone Number
I, the undersigned, do state that:				
1. I pay, or supervise the payment of the persons employed by the above contractor or subcontractor on the above project. During the payroll period designated above all persons employed on said project have been paid the full weekly wages earned, except as noted in Section 1(a) below. No rebates have been or will be made either directly to or indirectly on behalf of said contractor or subcontractor from the full weekly wages earned by any person. No deductions have been made directly or indirectly 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. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below in Section 1(b).				
(a) Exceptions	Name	Craft	Explanation	When will this person be paid?

Signature of  
Certification by  
authorized rep.



(b) Description of Deductions		
2. Any payrolls otherwise under this contract required to be submitted for the above period are correct and complete. The wage rates for laborers or mechanics contained are not less than the applicable wage rates contained in any wage determination incorporated into the contract. The classifications set forth for each laborer or mechanic conform with the work performed.		
3. Any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.		
4. (a) Where fringe benefits are paid to approved plans, fund, or programs.		
<input checked="" type="checkbox"/> In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.		
(b) Where fringe benefits are paid in cash.		
<input checked="" type="checkbox"/> Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.		
(c) Exceptions	Craft	Explanation
Remarks		
<div style="border: 2px solid red; padding: 10px; text-align: center;">X (Authorized Agent Signature)</div>		



# USDOL Payroll Record – Attachment 07-03 (Page 1 – Payroll Form)

U.S. Department of Labor  
Wage and Hour Division

## Davis-Bacon and Related Acts Weekly Certified Payroll Form

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



Unless otherwise noted, the information requested is specific to the named project below.  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. January 2025  
OMB No.: 1235-0008  
Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

☐ PRIME CONTRACTOR

☒ SUBCONTRACTOR

PROJECT NAME				PROJECT NO. or CONTRACT NO.			CERTIFIED PAYROLL NO.			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME									
Yourtown Community Center Construction				55000011			2			BBB Builders Company									
PROJECT LOCATION				WAGE DETERMINATION NO.			WEEK ENDING DATE			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS									
Anywhere County, Yourtown, WI				N/A			6/29/2025			111 Wisconsin Avenue, Yourtown, WI 55588									

(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)-(7B)					(8)			(9)		
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK
								M	TU	W	TH	F	SA	SU							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
								6/23	6/24	6/25	6/26	6/27	6/28	6/29											
1	Jameson	James	J	5678	J	Carpenter	ST	8	8	8	8	8			52	\$20.00	\$16.00		\$1040.00	\$1040.00	\$102.00	\$31.20	\$104.00	\$237.20	\$802.80
							OT					2	10	\$24.00											
2	Cassidy	Cassie			RA	Carpenter App Yr 1	ST	8	8	8	8	8			40	\$12.00	\$11.00		\$480.00	\$480.00	\$48.00	\$14.40	\$104.00	\$166.40	\$313.60
							OT							\$18.00											
3	Stevenson	Steven	S	9012	J	Truck Driver (3 Axle)	ST	6	8	8	2	6			30	\$15.00		\$2.75	\$532.50	\$682.50	\$68.00	\$20.48		\$88.48	\$594.02
							OT							\$22.50											



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# USDOL Payroll Record – Attachment 07-03 (Page 2 – Compliance Statement)

PROJECT NAME		PROJECT NO. or CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
Yountown Community Center Construction		55000011		2		BBB Builders Company							
PROJECT LOCATION				WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE							
Anywhere County, Yountown, WI				6/29/2025		Hillary Hilltop, Owner							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:													
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input checked="" type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION							
North Central State's Regional Carpenters Union Local 314 Apprenticeship Program:				<input type="checkbox"/> OA <input checked="" type="checkbox"/> SAA		Carpenter							
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
				<input type="checkbox"/> OA <input type="checkbox"/> SAA									
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.													
<div style="text-align: center;"><b>HOURLY CREDIT FOR FRINGE BENEFITS</b></div> If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.													
NAME OF WORKER	FB NAME	Universal	FB NAME	Vanguard	FB NAME	DDD Dental	FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	Health	FB TYPE	Retirement	FB TYPE	Dental	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.	123456	PLAN NO.	AAA333	PLAN NO.	555666	PLAN NO.		PLAN NO.		PLAN NO.		
	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input checked="" type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
James Jameson	Hourly Credit	\$12.00	Hourly Credit	\$3.00	Hourly Credit	\$1.00	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
Casey Cassidy	Hourly Credit	\$12.00	Hourly Credit	\$1.00	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
<input checked="" type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.													
ADDITIONAL REMARKS													
SIGNATURE OF CERTIFYING OFFICIAL:					DATE		TELEPHONE NUMBER			EMAIL ADDRESS			
Hillary Hilltop					7/1/2025		(608) 555-1111			hilltop@bbbbuilders.com			
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.													

Page 2:

- Certifications
- Apprenticeship Program Info.
- Fringe Benefits Details
- Authorized Signature



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# Example: Certified Payroll Record

[illegible]



# Example: Certified Payroll Record Statement of Compliance/Certification

Certified Payroll Register			Page: 2
Job: Town of Yourville Sub of XYZ123 Contracting, Inc.	Contractor: ZZZ Concrete, Inc.. Yourville, WI 55555	Customer	Number: 10000111 Ending: 8/3/2025 Payroll #: 2
<p>I, <u>Andi Anderson, Payroll Manager,</u> do hereby state:</p> <p>1] That I pay or supervise the payment of the persons employed by <u>ZZZ Concrete, Inc.</u> on the Village of <u>Yourville</u> during the payroll period commencing <u>7/28/25</u> and ending <u>8/3/25</u>, all persons employed on said project 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 said <u>ZZZ Concrete, Inc.</u> (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly 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. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:</p> <p>FICA Federal &amp; State Taxes Applicable Health Insurance, Retirement, Holiday, Vacation and Child Support</p> <p>2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.</p> <p>3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.</p> <p>4] That:</p> <p>(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS ---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.</p> <p>X (B) WHERE FRINGE BENEFITS ARE PAID IN CASH ---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</p> <p>(c) EXCEPTION (CRAFT) EXPLANATION Fringe Benefits - Holiday/Vacation, Group Health &amp; Retirement paid into plans</p> <p>REMARKS</p>			
Name and title Andi Anderson, Payroll Manager		<u>Andi Anderson</u>	
The Willful Falsification Of Any Of The Above Statements May Subject The Contractor Or SubContractor To Civil Or Criminal Prosecution. See Section 1001 Of Title 18 And Section 231 Of Title 31 Of The United States.			

Must be signed  
by authorized  
rep.



# Example: Certified Payroll Record

## Certified Payroll Transcript

Week 1

Period: 05/19/2025 - 05/26/2025

Job: 222222-00 Library Construction, Village of Yourville

Contract: 222222-00 Library Construction, Village of Yourville

-----Hours-----											***** Liabilities *****			***** Weekly Totals ***** (Week Ending 5/26/25)			
Employee		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Rate	Project Amounts	Description	Rate	Amounts	Gross	Deductions	Net Pay
Doe, Don - 5555		M/EX: S/O		Race/Sex: C/M													
		Addm to Area II / Addendum Apprentice Year 1															
		Check #: 061111															
Area 2 / Area 2 Apprentice Year 1	Regular	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	26.860	859.52	Health & Welfare	9.91000	455.86	Federal Withholding		368.00
Area 2 / Area 2 Apprentice Year 1	Overtime	0.00	2.50	4.00	3.50	4.00	0.00	0.00	14.00	40.290	564.07	Pension	6.35000	292.10	FICA SS - Employee		129.48
												Other Taxable		0.00	FICA		30.28
												Other Non Taxable		0.00	JLMWPF		125.28
												Project Total		1,423.59	SATAP/Drug		31.32
															AGC/IAP/CA		
															0.10000		
															0.05000		
															2.30		
															295.27		
															1,118.67		
															2,088.38		
															700.80		
																	1,387.58
													</				

# Apprenticeship Paperwork: Contract

## Apprentice Contract



This contract was prepared by [redacted] on the date of July 3, [redacted] between the Wisconsin Department of Workforce Development (the Department) and:

**Apprentice**

[redacted] Drive  
[redacted] WI  
SSN: 32- [redacted]  
DOB: August [redacted]

**Sponsor**

Wisconsin Operating Engineers JAC  
W11584 State Rd 21  
Coloma WI 54930-9718

The Apprenticeship term begins on July [redacted] and terminates upon the successful completion of the apprenticeship program provisions of the Operating Engineer trade, which are incorporated as part of this contract as Exhibit A, Program Provisions. The provisions included in this contract are binding on the parties.

The Department will issue a **CERTIFICATE OF APPRENTICESHIP** to the apprentice upon satisfactory completion of the provisions of this Apprentice Contract.

This contract may be terminated or cancelled by the apprentice, or may be suspended or cancelled by the sponsor, for good cause, with due notice to the apprentice and a reasonable opportunity for corrective action, and with written notice to the apprentice and to the Department.

The apprentice's signature authorizes the assigned provider(s) of paid and unpaid related instruction to release progress, grades, and attendance reports to the Department, sponsor, and employer while this contract is in effect.

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this document and identified as Exhibit A. The sponsor will not discriminate in the selection and training of the apprentice and will accord the apprentice equal opportunity in all phases of apprenticeship employment and training, without discrimination because of race, color, religion, national origin, sex, age, creed, handicap, marital status, ancestry, sexual orientation, arrest record, conviction record, or membership in the military forces of the United States or this state.

The apprentice, sponsor, and employer agree to fulfill all the obligations of this Apprentice Contract. The parties have signed this contract, as required by Chapter 106.01 of the laws of Wisconsin. Personal information provided herein may be used for secondary purposes [Privacy Law, s.15.04(1)(m) Wisconsin Statutes].

[redacted] July [redacted]  
Apprentice Signature Date  
[redacted] July [redacted]  
Sponsor Signature Date  
Karen P Morgan  
Department Approval July [redacted]  
Date

The Registration Agency is the authority to receive and resolve controversies or differences arising out of this contract when they cannot be resolved locally in accordance with established procedures or collective bargaining provisions.

**Registration Agency:**  
Department of Workforce Development  
Division of Employment and Training  
Bureau of Apprenticeship Standards  
PO Box 7972, Madison, WI 53707  
Phone: 608-266-3332

**TERM OF APPRENTICESHIP:** The term of apprenticeship shall be Time-based, which has been established to be 4 years or not less than 6000 hours. Hours of labor shall be the same as established for other skilled employees in the trade.

**PROBATIONARY PERIOD:** The probationary period shall be the first 1500 hours of the apprenticeship, but in no case shall it exceed twelve calendar months. During the probationary period, this contract may be cancelled by the apprentice or the sponsor upon written notice to the Department, without adverse impact on the sponsor.

**SCHOOL ATTENDANCE:** The apprentice shall attend Fox Valley Technical College, as assigned, for paid related instruction four hours per week or the equivalent and satisfactorily complete the prescribed course material for a minimum of 400 hours, unless otherwise approved by the Department. The employer must pay the apprentice for attended related instruction hours at the same rate per hour as for services performed.

**WORK PROCESS SCHEDULE:** In order to obtain well-rounded training and thereby qualify as a skilled worker in the trade, the apprentice shall have experience and training in the following areas. This instruction and experience shall include the following operations but not necessarily in the sequence given. Time spent on specific operations need not be continuous.

Work Process Description

Approximate Hours  
(Min - Max)

Machines - Training may include up to minimum of the stated hours on the following machines: 5100

**CLASS 1 - Machines**

Friction Crane, Hydraulic Crane, Tower Crane, Tracked Excavator, Rubber Tired Excavator, Caisson Rig, Pile Driver, Dredge Operator/  
Engineer, Dragline, Directional Boring Machine, Tunnel Boring Machine, Blaster, Concrete/Grout Pump.

**CLASS 2 - Machines**

Concrete Laser Screed, Concrete Slipform Paver, Concrete Batch Plant, Concrete Spreader & Distributor, Automatic Subgrader (Concrete), Concrete Grinder & Planing Machine, Concrete Slipform Curb & Gutter Machine, Bridge Paver, Concrete Conveyor System, Asphalt Plant Engineer, Bituminous Paver/Screed, Milling Machine, Grader or Motor Patrol, Tractor (Scraper, Dozer, Pusher, Loader), Scraper - Rubber Tired (Single or Twin Engine), End Loader, Tractor Loader Backhoe, Trenching Machine, Tractor (Side Boom -Heavy), Drilling & Boring Machine (Mechanical Heavy), Grade Checker, Asphalt Roller.

**CLASS 3 - Machines**

Greaser, Shouldering Machine, Self-Propelled Chip Spreader, Concrete finishing/Curing/  
Texturing Machine, Joint Sewer (Multiple Blade), Forklift, Environmental Burner, Back filler, Hydro-Blaster, Percussion or Rotary Drilling Machine, Rail Leveling



# Apprenticeship Paperwork: Wage

**MINIMUM COMPENSATION TO BE PAID:**

(Per collective bargaining agreement)

First period of 1,500 hours and 160 hours related instruction at 60% of the Base Skilled Wage Rate plus 10% Related Instruction Pay. The Related Instruction consists of

Basic Equipment (80 hours)

Hazmat (40 hours)

Construction Regulations to include OSHA, MSHA, and First Aid/CPR (40 hours)

Second pay period of 1,500 hours and 160 hours related instruction at 65% of the Base Skilled Wage Rate plus 10% Related Instruction Pay. The Related Instruction consists of:

Basic Excavating or Basic Earthmoving or Basic Crane (80 hours)

Basic Grade Checking (40 hours)

Maintenance or Welding (40 hours)

Must update MSHA and Hazmat certifications

Third pay period of 1,500 hours and 80 hours related instruction at 70% of the Base Skilled Wage Rate plus 10% Related Instruction Pay. The Related Instruction consists of

Any specialty class (80 hours)

Must update MSHA, Hazmat, and First Aid/CPR certifications

Fourth period of 1,500 hours at 80% of the Base Skilled Wage Rate plus 10% Related Instruction Pay.

The skilled wage rate for an apprentice shall be based on the hourly rate established for classification 3 of the current agreement, plus fringes, as appropriate, EXCEPT THAT under NO circumstances shall an apprentice wage rate exceed that of a journeyworker performing the same work.

The compensation for school hours will be paid by the employer as an additional 10% of the base skilled wage rate for all hours of on-the-job training, as listed under Minimum Compensation to Be Paid.

Base skilled wage rate \$33.27 per hour.

If at any time the base skilled wage rate rises or falls, the apprentice's wage shall be adjusted proportionately. The wage rate of apprentices employed in this trade and this firm shall be based on the base skilled wage rate stated above.

All apprentices are covered by State and Federal Wage and Hour Standard requirements. All apprentices shall be paid no less than the minimum wage established under regulations.

**CREDIT PROVISIONS:** The apprentice, granted credit at the start or during the term of the apprenticeship, shall be paid the wage rate of the pay period to which such credit advanced the apprentice.

**Work credit hours approved:** 3000 Hours  
Work credit description: 3000 hours for prior related work experience

**School credit hours approved:** 72 Hours  
**Paid related instruction:**  
Paid related instruction description: 40 hours for CL A CDL. 16 hours for MSHA. 8 hours for CPR. 8 hours for Skidsteer.

**Unpaid related instruction:**  
**Total credit hours to be applied to the term of the apprenticeship:** 3072 Hours





# Example #1 – Hourly Rates

Payroll # <b>5</b>	Contractor Name <b>Z-Best Construction</b> <input checked="" type="checkbox"/> Prime Contractor		State Project ID 12345678		Federal Project ID <b>FFP 24.44</b>		County <b>Fond du Lac</b>		Payroll Period Week Ending <b>5/18/2025</b>		Sheet # <b>1</b>									
Enter information below on every individual that you employed on this project during the payroll report period*		DAILY HOURS WORKED S= Straight Time O=Overtime						TOTAL WEEKLY	(A) BASIC HOURLY	(B) BENEFITS HOURLY RATE		(A) + (B) TOTAL	WAGES	FICA	FED WH	ST WH	OTHER (SPECIFY)	NET PAID	CHECK #	
		SU	M	TU	W	TH	F	SA	HRS WORKED	RATE	FUND PAYMENT	CASH PAYMENT	HOURLY RATE	GROSS WAGES						
Name: <b>John Smith</b>		REFERENCED PROJECT																		
123 Wisconsin Avenue		S		10	10	10	10		40	22	10		32	1280	12.8	128	64		1075.2	
Ripon, WI 54971		O							0	33	10		43	0						
S.S. # ***-**-1234		OTHER PROJECTS ***																		
Trade/Craft: <b>Carpenter</b>		S																		
Apprentice ___Yes ___X___No TrnsGrad___		O																		
Name: <b>Jason Donald</b>		REFERENCED PROJECT																		
111 State Street		S		8	8	8	8		32	16	1.75		17.75	568	5.68	56	28		684.32	
Ripon, WI 54971		O		2	2	2	2		8	24	1.75		25.75	206						
S.S. # ***-**-4567		OTHER PROJECTS ***																		
Trade/Craft: <b>General Laborer</b>		S																		
Apprentice ___Yes ___X___No TrnsGrad___		O																		
Name: <b>Eric Johnson</b>		REFERENCED PROJECT																		
198 Park Drive		S		8	8	8	8	8	40	20	10		30	1200	12	120	60		1408	
Ripon, WI 54971		O		2	2	2	2	2	10	30	10		40	400						
S.S. # ***-**-7890		OTHER PROJECTS ***																		
Trade/Craft: <b>Mason</b>		S																		
Apprentice ___Yes ___X___No TrnsGrad___		O																		

# Example #1 – Hours Worked

Payroll # <b>5</b>	Contractor Name <b>Z-Best Construction</b> <input checked="" type="checkbox"/> Prime Contractor		State Project ID 12345678		Federal Project ID FFP 24-44		County <b>Fond du Lac</b>		Payroll Period Week Ending <b>5/18/2025</b>		Sheet # <b>1</b>								
Enter information below on every individual that you employed on this project during the payroll report period*			DAILY HOURS WORKED S= Straight Time O=Overtime				TOTAL WEEKLY	(A) BASIC HOURLY	(B) BENEFITS HOURLY RATE		(A) + (B) TOTAL	WAGES	FICA	FED WH	ST WH	OTHER (SPECIFY)	NET PAID	CHECK #	
			SU	M	TU	W	TH	F	SA	HRS WORKED	RATE	FUND PAYMENT	CASH PAYMENT	HOURLY RATE	GROSS WAGES				
Name: <b>John Smith</b>			REFERENCED PROJECT																
<b>123 Wisconsin Avenue</b>			S	10	10	10	10			40	22	10		32	1280	12.8	128	64	1075.2
<b>Ripon, WI 54971</b>			O							0	33	10		43	0				
S.S. # ***-**-1234			OTHER PROJECTS ***																
Trade/Craft: <b>Carpenter</b>			S																
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TmsGrad <input type="checkbox"/>			O																
Name: <b>Jason Donald</b>			REFERENCED PROJECT																
<b>111 State Street</b>			S	8	8	8	8			32	16	1.75		17.75	568	5.68	56	28	684.32
<b>Ripon, WI 54971</b>			O	2	2	2	2			8	24	1.75		25.75	206				
S.S. # ***-**-4567			OTHER PROJECTS ***																
Trade/Craft: <b>General Laborer</b>			S																
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TmsGrad <input type="checkbox"/>			O																
Name: <b>Eric Johnson</b>			REFERENCED PROJECT																
<b>198 Park Drive</b>			S	8	8	8	8	8		40	20	10		30	1200	12	120	60	1408
<b>Ripon, WI 54971</b>			O	2	2	2	2	2		10	30	10		40	400				
S.S. # ***-**-7890			OTHER PROJECTS ***																
Trade/Craft: <b>Mason</b>			S																
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TmsGrad <input type="checkbox"/>			O																

# Example #2 – Payroll Error

Payroll #	Contractor Name		State Project ID		Federal Project ID		County		Payroll Period		Sheet #									
5	Z-Best Construction <input checked="" type="checkbox"/> Prime Contractor		12345678		FFP24.44		Fond du Lac		5 5/18/2025		1									
Enter information below on every individual that you employed on this project during the payroll report period*			DAILY HOURS WORKED S= Straight Time O=Overtime					TOTAL WEEKLY	(A) BASIC HOURLY RATE	(B) BENEFITS HOURLY RATE		(A) + (B) TOTAL HOURLY RATE	WAGES GROSS WAGES	FICA	FED WH	ST WH	OTHER (SPECIFY)	NET PAID	CHECK #	
			SU	M	TU	W	TH	F	SA	HRS WORKED	RATE	FUND PAYMENT	CASH PAYMENT							
Name: John Smith			REFERENCED PROJECT																	
123 Wisconsin Avenue			S		10	10	10	10		40	22	10		32	1280	12.8	128	64		1075.2
Ripon, WI 54971			O						0	33	10		43	0						
S.S. # ***-**-1234			OTHER PROJECTS ***																	
Trade/Craft: Carpenter			S																	
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TrnsGrad			O																	
Name: Jason Donald			REFERENCED PROJECT																	
111 State Street			S		8	8	8	8		32	16	1.75		17.75	568	5.68	56	28		684.32
Ripon, WI 54971			O		2	2	2	2		8	24	1.75		25.75	206					
S.S. # ***-**-4567			OTHER PROJECTS ***																	
Trade/Craft: General Laborer			S																	
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TrnsGrad			O																	
Name: Eric Johnson			REFERENCED PROJECT																	
198 Park Drive			S		8	8	8	8		40	20	10		30	1200	12	120	60		1408
Ripon, WI 54971			O		2	2	2	2		10	30	10		40	400					
S.S. # ***-**-7890			OTHER PROJECTS ***																	
Trade/Craft: Mason			S																	
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TrnsGrad			O																	
Name: Jaime Jones			REFERENCED PROJECT																	
1988 Parkside Drive			S		8	8	8	8		40	15	1.75		16.75	670	6.7	67	33.5		562.8
Ripon, WI 54971			O						0	22.5	1.75		24.25	0						
S.S. # ***-**-0011			OTHER PROJECTS ***																	
Trade/Craft: Painter			S																	
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TrnsGrad			O																	

# Example #2 – Payroll Correction

## WEEKLY PAYROLL REPORT

## CORRECTION PAYROLL RECORD

#1-5

WISCONSIN DEPARTMENT OF TRANSPORTATION

DT 1929 9/2006 (Replaces EC 674)

The weekly submittal of this form is required by 29 CFR Part 3.

\* Full name, address, and social security number must appear on the first payroll on w

\*\* Fringe benefit details MUST be reported on a supplementary page.

\*\*\* Include private work.

\*\*\*\* If Operating Engineer or Laborer, include equipment or skill level of employee.

Payroll # <b>1-5</b> Correction	Contractor Name <b>Z-Best Construction</b> <input checked="" type="checkbox"/> Prime Contractor		State Project ID 12345678		Federal Project ID <b>FFP 24-44</b>		County <b>Fond du Lac</b>		Payroll Period Week Ending <b>1-5 Correction</b> <b>5/25/2025</b>		Sheet # <b>1</b>							
Enter information below on every individual that you employed on this project during the payroll report period*			DAILY HOURS WORKED S= Straight Time O=Overtime				TOTAL WEEKLY HRS WORKED	(A) BASIC HOURLY RATE	(B) BENEFITS HOURLY RATE FUND PAYMENT CASH PAYMENT		(A) + (B) TOTAL HOURLY RATE	WAGES GROSS WAGES	FICA	FED WH	ST WH	OTHER (SPECIFY)	NET PAD	CHECK #
Name: <b>Jaime Jones</b>			S				200	1			1	200	4	40	20		136	5678
1988 Parkside Drive			O				0	1.5			1.5	0						
Ripon, WI 54971																		
S.S. # ***-**-0011			OTHER PROJECTS ***															
Trade/Craft: <b>Painter</b>			S															
Apprentice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TmsGrad <input type="checkbox"/>			O															
Name			REFERENCED PROJECT															
			S				0				0	0					0	
			O				0	0			0							
S.S. #			OTHER PROJECTS ***															
Trade/Craft			S															
Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No TmsGrad <input type="checkbox"/>			O															

# Fair Labor Practices: Summary

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## Fair Labor Practices Compliance Monitoring

- **Monitor** for the straight-time (ST) wage rate
  - Union Wage + Fringe Rate
  - State's minimum FFP Wage Rate + Fringe Rate of \$17.75
  - Regular Wage + Fringe Rate
  - Apprenticeship Wage + Fringe Rate
- **Monitor** for overtime (OT) pay of 1 ½ times ST Wage for hours over 40 hours/week
- **Monitor** to confirm fringe benefits and payroll deductions are properly documented



# Fair Labor Practices: Summary

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## Payroll Records – Document Retention

- **Maintain** all payroll records and supporting documents in FFP file
- **Provide** payroll records and documentation upon request, for monitoring, during the project
  - Contractors/subcontractors must **retain records** for **3 years**, after the date the Prime's work on the FFP project is complete
  - Grantees must **retain records** for **7 years**, after DEHCR issued project completion letter date



# DEHCR (FFP) Contact Information

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Email: [FlexibleFacilitiesProgram@Wisconsin.gov](mailto:FlexibleFacilitiesProgram@Wisconsin.gov)

Bureau Website:

<https://energyandhousing.wi.gov/Pages/CommunityResources.aspx>

FFP Program Website:

<https://energyandhousing.wi.gov/Pages/AgencyResources/FlexibleFacilities.aspx>

FFP Implementation Resources (Handbook & Attachments) Website:

<https://energyandhousing.wi.gov/Pages/AgencyResources/FFP-Implementation-Resources.aspx>



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# Office Hours: Fair Labor Practices



**Question  
&  
Answer**