

DOL WH-347 | Payroll Form Instructions

PAYROLL FORM INSTRUCTIONS			OMB No. 1235-0008 Expires 9/30/2026
CONTRACTOR SECTION			
Name of Contractor:	Check box that applies		
Address:	Self - explanatory		
Payroll No:	Begin with #1 and number consecutively. Mark last weekly payroll as “#-Final”	Note: If temporary break occurs, 1) number and submit weekly and write “no work week” OR 2) write memo to file stating “temporary break, returning MM/DD/YYYY” and number sequentially when returning to job site	
FOR WEEK ENDING	List the workweek ending date		
Project Name and Location:	Self - explanatory		
Project or Contract No.:	(Enter TDHCA Contract No.)		
COLUMNS 1 - 9			
	FORM DESCRIPTION	ACTION	RESPONSIBILITY
COLUMN 1	Name and Individual identifying No. (e.g., LAST 4 – digit # of Social Security or Payroll No.) of Worker	DO NOT enter full worker Social Security number	Separate Worker Information Sheet that lists all hired workers name, full social security number, address and telephone (optional) must be provided to Prime by each hired contractors
COLUMN 2	Worker and No. of Withholding Exemptions	Optional	Not required but can be completed
COLUMN 3	Work Classification	1. Worker class on GWD	If NOT listed on GWD, process request for class approval by DOL
		2. Apprentice and/or Trainees	Must be registered in a bona fide program approved by the Department of Labor Employment & Training Office of Apprenticeship (DOL-ETA). NO exceptions. Must NOT exceed the ration of apprentices to journeymen.
			NOTE: State licensing apprentice programs MUST be approved DOL-ETA
			NOTE: “Helper” class is forbidden unless listed on GWD.
		3. Union trade workers	MUST be paid union rates

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		4. Piece Worker	Classify according to GWD and pay class hourly wage. Pay required overtime at 1.5 basic rate if hours worked exceed 40 in a workweek
		5. Foreman or Supervisor	If Supervisor or Foreman performs the work of the trade and exceeds 20% during workweek, he/she must be listed on weekly payroll as "trade" worker. He/she is also entitled to earn 1.5 basic hourly rate if worked hours exceed 40/hours
			NOTE: Salaried employees loose exemption status if performing construction work on federally assisted DBRA project
		6. Owner	If Owner performs trade work on project, he/she must be listed on payroll showing daily hours worked and total hours worked in workweek – hourly wage rate earned is NOT required
			NOTE: If working solo, an owner CANNOT certify his/her payroll. Prime MUST certify hours worked on Prime payroll
COLUMN 4	Day and Date	Daily Hours worked during Workweek: (O=Overtime hours and S=Straight time hours)	Day and Date: - List the first letter of each work day (i.e. S,M,T,W,T,F,S) and the date (i.e. 3/1, 3/2)
			Hours Worked Each Day: List the straight (S) time and overtime (O) hours worked in the applicable boxes. Note: If hours worked in the workers "workweek" (seven days) exceeds 40 hours, enter hours worked as "overtime"
			NOTE: Enter ONLY hours worked on TDHCA project
COLUMN 5	Total Hours	Total hours worked on TDHCA project during workweek	Calculate total hours worked on TDHCA project during workweek: Overtime (O) – document all "Overtime" hours worked and Straight (S) – document all "Straight" hours worked

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COLUMN 6	Rate of Pay	Straight (S) and Overtime (O) hourly rate paid to employee working on TDHCA project	Overtime (O) - hourly wage rate amount must equal straight rate multiplied by 1.5 Straight (S) — Left box – enter hourly rate. Right box – enter required fringe benefit hourly rate, if paid in cash. Hourly amount must equal, at a minimum, hourly rate approved by DOL-WHD
			NOTE: Fringe OT paid @ straight time
COLUMN 7	Gross Amount Earned	Gross amount paid to employee for all hours worked on federally assisted project and other jobs during the workweek (seven days)	Gross amount earned ONLY for hours worked on TDHCA project. Gross amount earned for ALL hours worked during the workweek (seven days) on other project(s) including TDHCA project
COLUMN 8	Deductions	Five columns are titled showing deductions. If more than five are needed, use first four columns and enter total of remaining deduction(s) amount under “Other” columns and attach description.	With the exception of federal (FICA, withholding taxes) or by order of property authority ALL others (including 401K and insurance) require Employee written authorization (Sample letter – Form DB06)
		NOTE: ALL deductions must comply with the provisions of the Copeland Act Regulations, 29C.F.R. Part 3	
COLUMN 9	Net Wages Paid for Week	Self-Explanatory	347 Payroll Form automatically calculates deductions.
		NOTE: Using alternate payroll form requires TDHCA approval. Form MUST capture DOL recording requirements.	

DOL WH-348 | Statement of Compliance Instructions

STATEMENT OF COMPLIANCE	
Requirement Required by Regulations, Part 3 and 5 on Page 2	<i>Subject to the penalties provided by 18 U.S.C. § 1001, fine and possible imprisonment of not more than five years, or both. Party who signs certifies employee(s) pay rate and worked hours documented are factual and true</i>
Date, Name of Signatory, Title	
Section (1)	Name of Contractor or Subcontractor
	Commencement work day to ending work day (seven day workweek)
	Note: Date(s) - "workweek" recorded MUST match dates noted on DOL- Payroll 347 form "For Week Date"
	<i>Name of Contractor or Subcontractor Affirms workers were paid required weekly wages</i>
	List any other permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A) subtracted from employee(s) weekly check in excess of those noted on DOL-347 form "Column (8) - Deductions"
Section (2)	Affirms payrolls under this contract submitted for the above period are correct and complete and workers wage rates are paid not less than the applicable wage rates contained in the wage determination incorporated into the contract and conform to the work he/she performed
Section (3)	Hired "apprentices" MUST be registered in a bona fide apprenticeship program approved by the US Department of Labor of Employment and Training Administration Office of Apprenticeship (ETA) and paid, at a minimum, <u>approved</u> wage rate
Fringe Benefits	<i>PAID AT "STRAIGHT" RATE IF EMPLOYEE WORK HOURS EXCEED 40/hour WORKWEEK RESULTING IN WORKED OVERTIME. FRINGE BENEFIT RATE IS <u>NOT</u> REQUIRED TO BE MULTIPLIED BY 1.5 HOURLY BASE RATE. NOTE: IF WAGE DETERMINATION DOES <u>NOT</u> REQUIRE FB pay, CONTRACTOR DOES <u>NOT</u> HAVE TO CHECK SECTIONS (4)(a) – 4(c)</i>
Section (4)(a)	<i>Check box if, employee receives "fringe" amount, at a minimum, listed on the project applicable wage determination is paid in the form of actual benefits to approved plans,, funds, or programs under the Copeland Act</i>
Section (4)(b)	<i>Check box if, "fringe" amount listed on applicable wage determination is paid in the form of "cash" in lieu of actual benefits paid to approved plans under the Copeland Act</i>
Section (4) (c) Exceptions	<i>Complete section if, "fringe" benefit given to employee results in a lesser amount than the published dollar amount listed on the project applicable wage determination. The employee MUST be compensated in cash for the difference of underpayment.</i>
	<i>The difference should be listed in 347 Payroll Column (4) as "straight" time with written explanation on line (c) Exception, page 2. Enter the approved pay rate and amount of cash paid in lieu of fringe benefits per hour in column 6 on the payroll.</i>
Name and Title	
	<i>TDHCA sample "authorization letter" available on Program Services website (Exhibit 2)</i>
Signature	Name and Title of Signatory Signature of Owner or authorized individual

NOTE: In order to view, fill out, and print PDF forms, you need Adobe® Acrobat® Reader® version 5 or later, which you may download for free at Adobe.com.