

**MASSPORT WEEKLY CERTIFIED PAYROLL REPORT FORM (FORM CP2)
& WORKFORCE UTILIZATION REPORT**

Issued: 03/08/10
Revised Date: 05/11/11

Your Company's Name:						Address:						Phone No.:				Mass. Prevailing Wage Rates Sheet Wage Request Number or Job ID #				
General/Prime Contractor's Name:						Massport Project Name:						Project City:				Report #:				
Work Week Ending Date:						Massport Contract #:						No Work Week? <input type="checkbox"/> Check if No Work week				Final Report? <input type="checkbox"/> Check if Final Report				
Worker Name / Complete Address / Zip Code (Last Line)	Gender Code	Ethnic (Minority) Code	OSHA 10 Cert.?	Work Classification	Apprentice Step (Attach ID)	Hours Worked							Total Massport Hours (A)	Hourly Base Wage (B)	Employer Hourly Fringe Benefit Contributions:			Total Hourly Wage (F) (B+C+D+E)	Massport Gross Wages (G) (A x F)	Check No. (H)
						Su	Mo	Tu	We	Th	Fr	Sat			Health & Welfare (C)	Pension Plan (D)	Supp. Unemp. Annuity (E)			
			Y/N			ST							0.00	\$0.000				\$0.00	\$0.00	
			Y/N			OT							0.00	\$0.000				\$0.00		
			Y/N			ST							0.00	\$0.000				\$0.00	\$0.00	
			Y/N			OT							0.00	\$0.000				\$0.00		
			Y/N			ST							0.00	\$0.000				\$0.00	\$0.00	
			Y/N			OT							0.00	\$0.000				\$0.00		
			Y/N			ST							0.00	\$0.000				\$0.00	\$0.00	
			Y/N			OT							0.00	\$0.000				\$0.00		
			Y/N			ST							0.00	\$0.000				\$0.00	\$0.00	
			Y/N			OT							0.00	\$0.000				\$0.00		
			Y/N			ST							0.00	\$0.000				\$0.00	\$0.00	
			Y/N			OT							0.00	\$0.000				\$0.00		

NOTE: Pursuant to M.G.L. ch. 149, s. 27B, every contractor and subcontractor is required to submit a true and accurate copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in civil or criminal penalties under M.G.L. ch. 149, s. 27C.

WORKFORCE UTILIZATION REPORT (EEO GOALS)

SIGNATURE:	DATE:
NAME:	TITLE:
EMAIL:	

ETHNIC CODES:
 1) CAUCASIAN
 2) BLACK OR AFRICAN-AMERICAN
 3) HISPANIC OR LATINO
 4) ASIAN OR NATIVE HAWAIIAN
 5) AMERICAN INDIAN
 6) OTHER

GENDER CODES:
 1) MALE
 2) FEMALE

	Weekly Total Hrs	Weekly Ethnic (Minority) Hrs	Weekly Female Hrs	Previous Week Total Hrs	Previous Week Ethnic (Minority) Hrs	Previous Week Female Hrs	Total Hrs to Date	Total Ethnic (Minority) Hrs to Date	Total Female Hrs to Date
Worker Hours	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Worker Perc. %	X	0.0%	0.0%	X	0.0%	0.0%	X	0.0%	0.0%
								10.0%	6.9%

EEO GOALS: ETHNIC (MINORITY)=10%, FEMALE=6.9%

SEND ONLY ONE COPY TO: Prevailing Wage Auditor, Legal Department, Massachusetts Port Authority, 1 Harborside Drive, Boston, MA 02128, and if requested, to the Massport Resident Engineer or Capital Programs Project Manager.