Form DPW-6(10/2014)

CITY OF MILWAUKEE
CONTRACTORS TIME REPORT

Contractor_____ **Contract No. C**_____ **Complete and return to Rm. 506, Dept. of Public Works**
Sub-Contractor_____ **Period Starting**_____ **within 10 days following the completion of work on a**
Work Location_____ **Period Ending**_____ **contract, or every three months, whichever occurs first.**

NAME/ ADDRESS	Job Class.	Appren	RESIDENCY			GENDER	RACE	REGULAR HOURS		OVERTIME HRS.		HOURLY CONTRIBUTIONS TO BE MADE			
			Target Milw.	Non-Target Milw.	Non-Resident Milw.			Total Hours Worked	Hourly Rate*	Total Hours Worked	Hourly Rate*	Welfare Fund	Vacation Fund	Pension Fund	Other

***Exclude Welfare, Vacation, Pension Fund and Other Contributions unless they are paid as wages.**

State of Wisconsin) ss.
County of Milwaukee)

This is to certify that each and every employee was employed by me during the above period on the contract covered by this report as listed above and has been paid in full without rebate the amounts indicated, and that we have conformed with the requirements of the applicable Prevailing Wage Scale.

Subscribed and sworn to before me this _____ day of _____A.D. _____
Company Officer's Signature

My commission Expires_____ _____ _____
Notary Public Milwaukee County Type or Print Officer's Name & Title