# **EXHIBIT E**

# SERVICE CONTRACTOR WORKER RETENTION ORDINANCE/LIVING WAGE ORDINANCE

The Service Contractor Worker Retention Ordinance, the Living Wage Ordinance, and forms in this package can also be accessed on the City of Los Angeles' Intranet site for the Bureau of Contract Administration's Home Page

http://bca.ci.la.ca.us/index.cfm

# **CLICK ON ORDINANCES**

- 1. LWO Summary, Rev 08/12, 3 pages
- 2. LWO Statutory Exemptions (LW-10), Rev 06/10, 2 pages
- 3. LWO Departmental Exemption Application (LW-13), Rev 06/09, 1 page
- 4. L WO CCO Non -Cov erage /Exemption Application (LW-10), Rev 11/09, 1 page
- 5. SCWRO Summary, Rev 06/09, 2 pages
- 6. LWO Employee Information Form (LW-6), Rev 06/12, 1 page
- 7. L WO bcS ountra ctor Infor mation Form (LW-18), Rev 08/09, 4 pages
- 8. LWO/SCWRO Subcontractor Declaration of Compliance Form (LW-5), Rev 06/12, 1 page
- 9. LWO OCC Small Business Exemption Application (LW-26A & B), Rev 06/12, 4 pages
- 10. OCC/SCWRO-1, Application for Non-Coverage or Exemption, Rev 06/06, 1 page
- 11. OCC/SCWRO-2, Terminated Contractor's Employee Information Form, Rev 06/06, 2 pages

# CITY OF LOS ANGELES LIVING WAGE ORDINANCE

(Los Angeles Administrative Code Section 10.37 et seq.)

# 1. What is the Living Wage Ordinance?

The Living Wage Ordinance (LW O) requires employers who have agreements with the City to pay their employees at least a mini mum "living wage" and to provide certain benefits. If the agreement is subject to the LWO, the employer must do the following:

- Pay employees working on the subject agr eement a wage rate t hat is at least
  equal to the "liv ing wage" rate. The "living wage" is adj usted annually and
  becomes effective July 1 of each year. Employers can obtain information about
  the living wage rate currently in effect by going to Department of Public Works,
  Bureau of Contract Administration, Office of Contract Compliance (OCC) website
  at www.lacity.org/bca/OCCmain.html.
- Provide employees with at least 12 pai d days off per year for sick leave vacation, or personal necessity; and at least 10 unpaid sick days off per year.
- Tell employees who make less than \$12.00 per hour that they may qualify for the federal Earned Income Tax Credit and provide them with the forms required to apply for the credit.
- Cooperate with the City by providing access to the work site and to payroll and related documents so that the City can det ermine if the employ er is complying with the LWO.
- Pledge to comply with f ederal laws prohibiting an employer from retaliating against employees for union organizing.
- Not retaliate against any employee w ho makes claims about non-compliance with the LWO.

#### 2. When was the Ordinance adopted?

The LWO was adopted in May, 1997 and amended in January, 1999.

## 3. What types of agreements are subject to the Ordinance?

Generally, the LWO covers the following types of agreements:

- An agreement in an amount over \$25,000. 00 and for at least three months in which an employer will provide services to or for the City.
- An agreement for the I ease or license of City proper ty if the service being performed on the property is something that City employees would otherwise do.
- An agreement for the lease or license of City property that is in a location where a substantial number of the general public might visit.
- An agreem ent in which the Cit y gives fi nancial assistance fo r the purpose of promoting economic development or job growth.

 An agreement in which the City determines that apply ing the LWO would be in the best interest of the City.

# 4. Is an agreement subject to the LWO if it was entered into before May, 1997?

Agreements executed after May, 1997 are subject to the LWO. An agreement entered into before May, 1997 may become subject to LW O if it is later amended or modified in order to add time or money to the original agreement.

# 5. Are there any requirements that would apply to an employer who does not have an agreement with City that is subject to the LWO?

All employers are required to comply with the LWO's prohibition against retaliation, even if the employer does not hav e an agreement with the City that is subject to the Ordinance.

# 6. Are all employees covered by the Ordinance?

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# 7. Are an emplo yer's subcontractors subject to the requirements of the Ordinance?

A subcontractor may be covered by the Ordinance if the subcontractor performs work on the subject agreement. If so, the subcontractor must also comply with the requirements of the LWO, including all reporting requirements. The prime contractor is responsible for the making sure that the subcontractor complies with the LWO.

# 8. What happens if an employer is found to be in violation of the Ordinance?

Payments due may be withheld. Also, the empl over may be deemed to be in materia I breach of the agreement. When that happens, the City may take the following steps:

- Terminate the agreement and pursue all available contractual remedies.
- Debar the employer from doing business with the City for three (3) years or until all penalties and restitution have been fully paid, whichever occurs last.
- Bring a lawsuit against the employer for all unpaid wages and health benefit premiums and/or seek a fine of up to one hundred dollars (\$100.00) for each day the violation remains uncorrected.

### 9. What if a subcontractor is found to be in violation of the Ordinance?

Because the prime contractor is responsible for making sure that all its subcontractors comply with the LWO, the sanctions listed in answer #8 may be applied to the prime contractor if the subcontractor does not correct the violation(s).

# 10. What can an employee do if an employer is in violation of the Ordinance?

The employee can submit a complaint to t he Office Contract Co mpliance which will investigate the complaint. Also, the employee can bring his or her own lawsuit agains t the employer for:

- Back pay for failing to pay the correct wages or correct health benefit premiums.
- Reinstatement and back pay for retaliation.
- Triple the amount of the back pay that is owed if t he violation was found by the court to be willful.

# 11. Are there any exemptions available under the Ordinance?

An employer may apply for an exemption based on the following categories:

- Service agreements that are less than 3 months or \$25,000 or less.
- Agreements for the purchase of goods, property, or the I easing of property (with City as the lessee).
- Construction contracts that do not meet the definition of a service agreement.
- Employees who are required to have an occupational license in order to provide services to or for the City are exempt.
- Employers who are party to a collective bargaining agreement (CBA) that has language stating that the CBA shall supersede the LWO.
- Financial assistance r ecipients who meet the requir ements st ated in Section 10.37.1(c) of the LWO.
- Employers (contractors, subcontractor s, financia I assistance recipients) organized under IRS Code, Section 501(c)(3) whose chief executive officer's hourly wage rate is less than eight times the hourly wage rate of the lowest paid worker are be exempt. However, this exemption does not apply to child care workers.
- Lessees or lic ensees who have no more than a total of seven employees and who have annual gross rev enue of less than \$471,870 (e ffective July 1, 2012).
   The qualifying annual gross revenue is adjusted every July.
- One-person contractors, lessees, licensees or financial assistance recipients who employ no workers.
- · Agreements that involve other governmental entities.

# 12. Who is responsible for the administration and enforcement of the Ordinance?

The Department of Public Works, Bureau of Contract Admini stration, Office of Contract Compliance, located at 1149 S. Broadway, Suite 300, Los A ngeles, CA 90015. For additional information, please call (213) 847-2625, send an e-mail in quiry to <a href="mailto:bca.eeoe@lacity.org">bca.eeoe@lacity.org</a>, or go to the Off ice of Co ntract Compliance webs ite at <a href="http://bca.lacity.org">http://bca.lacity.org</a>.

#### LIVING WAGE ORDINANCE STATUTORY EXEMPTIONS

Living Wage Ordinance (LWO) statutory exemptions are now divided into the following three categories:

- 1. Exemptions that do n <u>ot</u> require approval from the Department of Public Wor ks, Bureau of Contract Administration, Office of Contract Compliance (OCC).
- 2. Exemptions that do not require OCC approval but require a Contractor Certification of Exemption.
- 3. Exemptions that require submission of an Application for Exemption and OCC approval of the Application.
- The following exemptions do not require OCC approval or any Contractor Certification: Departments
  only need to indicate the exemption in the appropriate category on the LWO Departmental Determination of
  Coverage Form.
  - a. Less than three months OR less t han \$25,000 (LAAC 10.37.1(j)). Service contracts or Authority for Expenditures that do not meet these thresholds are not covered by the LWO.
  - b. Other governmental entities (LAAC 10.37.1(g)). Agreements with ot her governmental entities such as Los Ang eles County, the State of California, or the University of California, ar e not cover ed by the LWO. Subcontractors to these entities are also not covered by the LWO.
  - c. Purchase of goods, propert y, o r the leasing of pro perty, w ith the Cit y as lessee (LAAC 10.37.1(j)). Such contracts are ca tegorically exempt from the LW O unless the y include a service component that is more than just incidental (re gular and recurring services is required). Exa mples of such categorically exempt contracts include co ntracts to pur chase office supplies or to lease space to be occupied by City departments.
  - d. Construction contracts, not conforming to the definition of a service contract (LAAC 10. 37.1(j)). Such contracts are categorically exempt from the LWO. Examples include construction of buildings and infrastructure.
  - e. City financial assistance not meeting thresholds (LAAC 10.37.1(c)). Agreements to provide a contractor with City financial assistance (which typically mean grants or loans provided at interest rates that are lower than the Applicable Federal Rate) are categorically exempt from the LWO if they meet both of the following:
    - (1) The assistance given in a 12-month period is below \$1,000,000 AND less than \$100,000 per year.
    - (2) The assistance is not for economic development or job growth.
  - f. Business Improvement Districts (BID) (LWO Regulation #11). Service agreements are categorically exempt from the LWO if the services are funded with the BID's assessment money collected by the City after the formation of the BID. Service contracts in which City mone y is used to hire firms to help in forming the BID remain subject to the LWO unless the contractor otherwise qualifies for an exemption.
- 2. The following exemption categories do not require OCC approv al, but the contractor must still submit a Contractor Certification of Exemption from Living Wage (OCC/LW-13). No OCC approval is required for the exemption to be valid. However, the department must include the Contractor Certification of Exemption with the contract.
  - a. 501(c)(3) Non-profit organizations (LAAC 10.37.1(g)): Employers (contractor s, subcontr actors, financial assistance recipients) organized under IRS Code Section 501(c)(3) are exempt from the LWO if the hourly wage rate of the corporation's highest paid employee is less than eight times the hourly wage rate of the corporation's lowest paid worker. However, the exemption does not extend to Child Care Workers as defined in the LWO Rules and Regulations (an employee "whose work on an agreement involves the care or supervision of children 12 years of age and under."). A copy of the IRS 501(c)(3) Exemption Letter will be required.
  - b. One-person contractors with no employees (LAAC 10.37.1(f)): Contractors, le ssees, license es or financial assistance recipients who employ no workers are exempt from the LWO.

# LIVING WAGE ORDINANCE STATUTORY EXEMPTIONS (Continued)

- 3. The following exemption categories require submission of an application for exemption and OCC approval of the application to be valid.
  - a. Collective bargaining agreements (CBA) the at supersede the LWO (LAAC 1 0.37.12): Contractors whose employees are covered by a CBA that supersede the requirements of the LWO are not subject to the LWO. A copy of the CBA with the superseding language or a letter from the union indicating that the union heas agreed to allow the CBA to supersede the LWO will be required to be submitted. Example: Labor agreement between parking contractor and a labor union with language that wages and benefits in the CBA shall supersede the LWO. Contractors must use the LWO Application for Non-Coverage or Exemption form (Form OCC/LW-1 0) and submit a copy of the CBA or a letter from the union.
  - b. Occupational license ( LAAC 10.37.1(f)): Employees required to possess an occupational license in order to provide the services under the City agreement are not subject to the LWO. However, only the individual employees who are required to possess an occupational license are exempt. Employees who work on the City contract and are not required to possess an occupational license remain subject to the LWO. Example: Under California L abor Code Sections 7375 7380, a person must be licen sed by the State of California in order to inspect and certify cranes and derricks u sed in lifting services. Contractors must use the LWO App lication for Non-Coverage or Exemption form (Form OCC/ LW-10) and submit a listing of the employees who possess occupational licenses and a copy of the licenses.
  - c. Small business exemptions for Public Lessees/Licensees (LAAC 10.37.1(i)): Small business that lease property from the City may apply for OCC approval for LWO exemption if the lessee or licensee: (1) employs no more than a total of seven employees; and (2) has annual gross revenues of less than \$454,016 (adjusted July 1, 20 10). This applies only to lessees with lease agreeme into executed after February 24, 2001, and to amendments executed after February 24, 20 01 that add monies or extend term. Use the Application for "Small Business" Exempt ion (Form OCC/LW-20) and submit the application with the documents requested on that form.
  - d. City financial assistance agreements that exceed the LWO mone tary thresholds may apply for one of the exemptions below. Applicants and departments should refer to Regulation #3(c) f or the requirements and the documents that must be submitted with the LWO Application for Non-Coverage or Exemption (OCC/LWO-10).
    - (1) The City financial assistance recipient (CFAR) is in its first year of operation (LAAC 10.37.1(c)).
    - (2) The CFAR employs fewer than five employees (LAAC 10.37.1(c)).
    - (3) The CFAR would face undue hardship because it employs the long-term unemployed or provides trainee positions to prepare employees for permanent positions (LAAC 10.37.1(c)). REQUIRES COUNCIL APPROVAL.

# LWO -DEPARTMENTAL EXEMPTION APPLICATION

EXEMPTIONS THAT REQUIRE AWARDING DEPARTMENT APPROVAL

This application for exemption muest be submitted along weith your bid or proposal to the AWARDING DEPARTMENT, INCOMPLETE SUBMISSIONS WILL BE RETURNED.

Los Angeles Administrative Code 10.37, the Living Wage Ordinance (LWO), presumes all City contractors (including service contractors, subcontractors, financial assistance recipients, lessees, licensees, sublessees and sublicensees) are subject to the LWO unless an exemption applies.

| TO BE FILLED OUT BY  |   |
|--|---|
| 1. Company Name:   | Phone Number:   |
| Z. Company Address.  |   |
| 3. Are you a Subcontractor?   Yes   No If YES, state the na  | ime of your Prime Contractor:   |
| 4. Type of Service Provided:   |   |
| EXEMPTION IN   | FORMATION:  |
| CHECK OFF ONE BOX BELOW THAT BEST DESCRIBES THE T<br>THE SUPPORTING DOCUMENTATION LISTED ON THE RIGH   | IT:   |
| EXEMPTION  | SUPPORTING DOCUMENTATION REQUIRED   |
| <ul> <li>□ 501(c)(3) Non-Profit Organizations:         <ul> <li>A corporation organized under 501(c)(3) of the IRS Code qualifies for an exemption from the LWO if the highest paid employee makes less than eight times the hourly wage of the lowest paid employee.</li> <li>The exemption is valid for all employees except Child Care Workers.</li> <li>Therefore, even if a 501(c)(3) organization meets the salary test, Child Care Workers performing work on the City agreement must still be provided with the LWO required wage and time off benefits.</li> <li>Under the LWO's Rules and Regulations, a Child Care Worker is an employee "whose work on an agreement involves the care or supervision of children 12 years of age and under."</li> <li>This is read broadly so that the term would include, for example, tutors working with children 12 or under.</li> </ul> </li> </ul> | <ol> <li>ATTACH a copy of your 501(c)(3) letter from the IRS.</li> <li>ANSWER the following questions:         <ul> <li>A. STATE the hourly wage of HIGHEST paid employee in the organization: \$</li></ul></li></ol> |
| One-Person Contractors: Contractors that have no employees are exempt from the LWO. If you have employees in the future, you must comply with the Ordinance.   | Fill and Submit the LW-18 Form.   |
| I declare under penalty of perjury under the laws of the State of Californ information provided on this form is true and correct to the best of my k the basis indicated above. By signing below, I further agree that should the in salary structure, non-profit status, the hiring of employees, or any other reachange and comply with the LWO's wage and time off requirements.  Print Name of Person Completing This Form   | knowledge; and (3) the entity qualifies for exemption from the LWO on entity listed above cease to qualify for an exemption because of a change   |
| Fillit Maille of Ferson Completing This Ferni  | digitature of Foreign Complexing This Com-  |
| Title Phone #  | Date  |
| ANY APPROVAL OF THIS APPLICATION EXEMPTS ONLY THE LISTED THIS CONTRACT. A SUBCONTRACTOR PERFORMING WORK ON THIS COMPLIANCE HAS APPROVED A SEPARATE EXEMPTION FOR THE   | IS CONTRACT IS NOT EXEMPT UNLESS THE OFFICE OF CONTRACT INDIVIDUAL SUBCONTRACTOR.   |
| AWARDING DEPAR   |   |
| Dept: Dept Contact:  |   |
| Approved / Not Approved - Reason:  |   |
| By Analyst:  | Date:   |

# **LWO - OCC NON-COVERAGE/EXEMPTION APPLICATION**

OCC DETERMINATION/APPROVAL REQUIRED

This application for non-coverage/exemption must be submitted by the Contractor along with its bid or proposal to the AWARDING DEPARTMENT. Awarding Departments may also apply for an exemption for OCC approval. INCOMPLETE SUBMISSIONS WILL BE RETURNED.

Los Angeles Administrative Code 10.37, the Living Wage Ordinance (LWO), presumes all City contractors (including service contractors, subcontractors, financial assistance recipients,lessees, licensees, sublessees and sublicensees) are subject to LWO unless an exemption applies.

| CONTRACTOR   | R INFORMATION:   |
|--|--|
| 1. Company Name:   | Phone Number:  |
| 2. Company Address:  | 1 Hone Rumber.   |
| 3. Are you a Subcontractor?  Yes No If YES, state the  | ne name of your Prime Contractor   |
| 3. Are you a oubcontractor: Tres Tres Tree in the in the state to  | ie name of your Filme Contractor.  |
| 4.Type of Service Provided:  | -  |
|  | GE INFORMATION:  |
|  | DEPARTMENTS OR CONTRACTORS   |
| REQUEST FOR NON-COVERAGE DETERMINATION   | SUPPORTING DOCUMENTATION REQUIRED  |
| Per Section10.37.13 of the LWO, contractors may  | A detailed memorandum explaining the basis of the request,   |
| request a determination of non-coverage on any basis   | which may include, but is not limited to: the terms of a city  |
| allowed by this article, including, but not limited to: non-   | financial assistance agreement, purpose of the contract,   |
| coverage, for failure to satisfy definition of "City financial   | location, and work performed. OCC may request further  |
| assistance recipient", "public lease/license", or "service   | information to issue a determination.  |
| contract".   |  |
|  | INFORMATION:   |
| SUPPORTING DOCUMENTATION LISTED ON THE RIGHT:  | YPE OF EXEMPTION YOU ARE APPLYING FOR AND ATTACH THE   |
|  | ARDING DEPARTMENTS ONLY  |
| EXEMPTION  | SUPPORTING DOCUMENTATION REQUIRED  |
| Grant Funded Services, provided that the grant funding agency indicates in writing that the provisions of the Ordinances | Provide a copy of grant-funding agency's determination to the OCC.   |
| should not apply.  |  |
|  | Y CONTRACTORS ONLY   |
| EXEMPTION  | SUPPORTING DOCUMENTATION REQUIRED  |
| Collective bargaining agreement with supersession  | A copy of the CBA with the superseding language clearly  |
| language - (LAAC 10.37.12): Contractors who are partyto a  | marked   |
| collective bargaining agreement (CBA) which contains   | OR   |
| specific language indicating that the CBA will supersede the   |  |
| LWO may receive an exemption as to the employees   | allow the CBA to supersede the LWO.  |
| covered under the CBA.   | A B-C- of the control |
| Occupational license required - (LAAC 10.37.1(f)): Only the individual employees who are required to possess an          | A listing of the employees required to possess occupational  |
| Occupational license to provide services to or for the Cityare   | licenses to perform services to or for the City  AND   |
| exempt.  | Copies of each of these employees' occupational licenses.  |
| By signing, the contractor certifies under penalty of perjury under the  |  |
| support of this application is true and correct to the best of the contractor  |  |
| support of this application is true and correct to the best of the com   | racioi s kilowieage.   |
| B'111 (B (0 ) 1 ) 0   10   TI   5  |  |
| Print Name of Person (Contractor) Completing This Form   | Signature of Person (Contractor) Completing This Form  |
|  |  |
| Title Phone #  | Date ISTED CONTRACTOR FROM THE LWO DURING THE PERIORMANCE  |
| OF THIS CONTRACT. A SUBCONT RACTOR PERFORMING WORK   | ON THIS CONTRACTOR PROMITE LIVE DORING THE PERIORMANCE   |
| CONTRACT COMPLIANCE HAS APPROVED A SEPARATE APPLICA  |  |
|  |  |
|  | RTMENT USE ONLY:   |
| Dept: Dept Contact:  | RTMENT USE ONLY:  Contact Phone: Contract #:   |
| Dept: Dept Contact: OCC US   | RTMENT USE ONLY:   |
| Dept: Dept Contact:  | RTMENT USE ONLY:  Contact Phone: Contract #:   |

# CITY OF LOS ANGELES SERVICE CONTRACTOR WORKER RETENTION ORDINANCE (Los Angeles Administrative Code Section 10.36 et seq.)

#### 1. What is the Service Contractor Worker Retention Ordinance?

The Service Contractor Worker Retention Ordinance (SCWRO), effective May, 1996, requires a successor contractor and its subcontra ctors to retain for a 90-day period certain employees who worked for the terminated contract or or its subcontractors for at least 12 months. (See also Question #7 regarding which employees are covered.)

#### 2. What is a successor contractor?

A successor contractor is one who has been aw arded an agreement to provide services to or for the City that are similar to those that were provided under a recently terminated agreement.

# 3. What types of agreements are covered by the Ordinance?

The SCWRO covers the following types of agreements:

- For services in an amount over \$25,000.00 and for at least three months.
- In which the primary purpose is to provide se rvices to or for the City (including leases and licenses).
- In which the City provides financial assi stance for the purpose of promoting economic development or job growth.

# 4. What does the Ordinance require a terminated contractor to do?

The SCWRO requires the terminat ed contractor to provide the awarding authority with the names, addresses, dates of hire, hourly wage, and job classes of each employee who worked on the City agreement for that terminated contractor or its subcontractor. The awarding authority will provide the information to the successor contractor.

# 5. What does the Ordinance require a successor contractor to do?

The Ordinance requires the successor contractor to:

- Offer employment and retain for a 90-day period the employees who worked for at least 12 months for the terminated contractor or its subcontractors.
- Not discharge the employees retained under the SCWRO without cause during the 90day period.
- Perform a written performance evaluat ion of each employee retained under the SCWRO at the end of the 90-day period.

# 6. Do the employ ees retained under the Ordinance receive any additional protection?

Employees retained under the SCWRO are employed under the terms and conditions of the successor contractor or as required by law. However, if the agreement the employees are working under is subject to Living Wage Ordinance (LWO), the employees must be paid the wage rate and be provided the benefits required by LWO.

# 7. Does the successor contractor have to retain all the prior contractor's employees?

The SCWRO covers only employees who meet all of the following requirements:

- Earn less than \$15.00 per hour.
- Primary job is in the City working on or under the City agreement.
- Worked for the terminated contractor or it is subcontractor for the preceding 12 months or longer.
- Not a managerial, supervisory, or confident ial employee; or an employee required to possess an occupational license.

# 8. What if the successor contractor determines that fewer employees are required to provide the services than were required by the prior contractor?

The names of the affected employees will be pl aced in order by seni ority within each job classification. The successor contractor is required to retain employees based on seniority. The names of employees not retained will be placed on a preferential hiring list from which the successor contractor must use for subsequent hires.

# 9. What happens if an employee is discharged in violation of the Ordinance?

The employee may bring a lawsuit against the successor contractor. The employee can also submit a complaint to the Department of Public Works, Bureau of Contract Administration, Office of Contract Compliance which will investigate the complaint.

## 10. What if a contractor is found to be in violation of the Ordinance?

The City may terminate the agreement or pursue other legal remedies.

# 11. Who is responsible for administering and enforcing the Ordinance?

The Department of Public Works, Bureau of Contract Administration, Office of Contract Compliance, located at 1149 S. Broadway St., Suite 300, Los Angeles, CA 90015. For additional information, please call (213) 847-Compliance web site at <a href="http://bca.lacity.org">http://bca.lacity.org</a>.

# LWO - EMPLOYEE INFORMATION FORM

REQUIRED DOCUMENTATION FOR ALL CONTRACTS SUBJECT TO LWO

This form must be submitted to the AWARDING DEPARTMENT w ithin 30 DAYS of contract execution, INCOMPLETE SUBMISSIONS WILL BE RETURNED.

THE LIVING WAGE ORDINANCE (LWO) REQUIRES THAT SUBJECT EMPLOYERS PROVIDE TO EMPLOYEES:

- As of July 1, 20 12 a wage of at least \$10.70 per hour with health benefits of \$1.25 per hour, or \$11.95 per hour without health benefits (to be adjusted annually) (Regulation #4);
- At least 12 compensated days off per year for sick leave, vacation or personal necessity at the employee's request (pro-rated for part-time employees) (Regulation #4); and
- At least 10 additional days off per year of uncompensated time offor personal or immediate illness only (pro-rated for part-time employees) (Regulation #4). Refer to the LWO Rules and Regulations, available from the Department of Public Works, Bureau of Contract Administration, Office of Contract Compliance (OCC)website, for details regarding the wage and benefit requirements of the Ordinance.
- Making less than \$12.00 per hourinformation of their possible right to the federal Earned Income Tax Credit (EITC) and make available the forms required to secure advance EITC payments from the employer (Regulation #4).

#### THE LIVING WAGE ORDINANCE (LWO) ALSO REQUIRES EMPLOYERS:

Not to retaliate against any employee claiming non-compliance with the provisions of these Ordinances and to comply with federal law prohibiting retaliation for union organizing (Regulation #4).

|  | TO BE FILLED  | OUT BY THE CONTRACTOR:   |             |
|--|---|--|-------------|
| 1. Company Name:   |   | Email Address:   |             |
| 2. STATE the number of   | employees working ON THIS                                 | S CITY CONTRACT:   |             |
| 3. **ATTACH a copy of y  | our company's <u>1<sup>st</sup> PAYROLL</u>               | under THIS CITY CONTRACT.  |             |
| 4. **INDICATE (highlight,  | underline) on the payroll wh                              | nich employees are working ON THIS CITY CONTRACT.  |             |
| to your employees? [   | □Yes □ No   | dental, vision, mental health, and disability insurance) bay for co-premiums: \$   |             |
| **NOTE: Payroll information of at least \$15 per hour.                       | ation need not besubmitted if If so, check the box below. | f <u>ALL</u> employees working on this City agreement earn an hourly w   | age         |
| I certify under ponthis City cor   |   | not have any employees earning less than \$15 per hour workin  | ng          |
| CONTROLLER, OR A REINFORMATION SUBMITTERMINATION.  I understand that the emp | ECOMMENDATION TO THE<br>TED IS SUBJECTTO VERIFI           | NTS WILL RESULT IN WITHHOLDING OF PAYMENTSBY THE CEAW ARDING AUTHORITY FOR CONTRACT TERMINATION. A TICATION, AND FALSE INFORMATION MAY RESULT IN CONTRACT OF THE CONTRACT OF T | ALL<br>RACT |
| Print Name of Person Co  |   | Signature of Person Completing This Form   |             |
| Title  | Phone #   | Date   |             |
|  | AWARDING  | DEPARTMENT USE ONLY:   | 7.4         |
| Donts Don  | 4 Contact   | Contract Phone:  |             |

# **LWO - SUBCONTRACTOR INFORMATION FORM**

REQUIRED DOCUMENTATION FOR ALL CONTRACTS SUBJECT TO LWO

This form must be submitted to the AWARDING DEPARTMENT within 30 DAYS of contract execution. INCOMPLETE SUBMISSIONS WILL BE RETURNED.

| SECTION I: CONTRACTOR INFOR  | RMATIC                            | N   |             |                                   |                                     |                       |
|--|-----------------------------------|---|-------------|-----------------------------------|-------------------------------------|-----------------------|
| Company Name: Contact Person:  2) Do you have subcontractors working on this City contract?Yes N If NO, This form is now complete - SIGN THE BOTTOM OF PAGE 2 AN If YES, a) STATE the number of your subcontractors ON THIS CITY CO b) Fill in PART A for EACH subcontractor in Section II, continue to  | o<br><mark>D SUBN</mark><br>NTRAC | NIT TO TH                                 | HE AWA      | ARDING D                          | EPARTM                              | ENT.                  |
| SECTION II: SUBCONTRACTOR INF  | ORMA                              | TION                                      | D.4         | DTD                               |                                     |                       |
| PART A   | SUBCC                             | OFF ONLY                                  | ONE BOR     | RT B<br>OX (I-VI) FO<br>PLICABLE) | OR EACH<br>THEN COM                 | NTINUE                |
|  | 501<br>(c)(3) <sup>1</sup>        | One-<br>Person<br>Contractor <sup>2</sup> | III<br>CBA³ | Occupational<br>License           | V<br>Small<br>Business <sup>5</sup> | VI<br>Gov.<br>entity⁵ |
| 1. Subcontractor Name:  2. Contact Person:  3. Address:  4. Purpose of Subcontract:  5. Amount of Subcontract:  6. Term: Start Date  7. Does the subcontract exceed \$25,000?  Yes No  8. Is the length of the subcontract at least three (3) months?  Yes No  If you checked off YES for Questions 7 AND 8, this subcontract SUBJECT TO THE LWO. Continue onto Part B.  If you checked off NO for any questions 7 OR 8, this subcontract IS NOT SUBJECT TO THE LWO. Continue to fill in Part A for additional subs below.                           |                                   |   |             |                                   |                                     |                       |
| 1. Subcontractor Name:  2. Contact Person:  3. Address:  4. Purpose of Subcontract:  5. Amount of Subcontract: \$  6. Term: Start Date / End Date / /  7. Does the subcontract exceed \$25,000? ☐ Yes ☐ No  8. Is the length of the subcontract at least three (3) months? ☐ Yes ☐ No  If you checked off YES for Questions 7 AND 8, this subcontractIS SUBJECT TO THE LWO. Continue onto Part B.  If you checked off NO for any questions 7 OR 8, this subcontract is NOT SUBJECT TO THE LWO. Continue to fill in Part A for additional subs below. |                                   |   |             |                                   |                                     |                       |
| 1. Subcontractor Name:  2. Contact Person:  3. Address:  4. Purpose of Subcontract:  5. Amount of Subcontract:  6. Term: Start Date/ End Date//  7. Does the subcontract exceed \$25,000?  Yes No  8. Is the length of the subcontract at least three (3) months? Yes No  If you checked off YES for Questions 7 AND 8, this subcontract's SUBJECT TO THE LWO. Continue onto Part B.  If you checked off NO for any questions 7 OR 8, this subcontract is NOT SUBJECT TO THE LWO. Continue to fill in Part A for additional subs below.              |                                   |   |             |                                   |                                     |                       |

| SECTION II: SUBCONTRA  | CTOR INFORMA   | TION (c   | ontinued)                                 |                  |                                      |                                |                             |  |
|--|--|---|---|------------------|--------------------------------------|--------------------------------|-----------------------------|--|
|  |  |   |   |                  | RT B                                 |                                |                             |  |
| PART A   |  | SUBCO   | ONTRACTO                                  | R (IF AP         | OX (I-VI) FO<br>PLICABLE)            | OR <b>EACH</b><br>THEN CO      | NTINUE                      |  |
|  | _  | I   | SECTION I                                 | III              | IV                                   | V                              | VI                          |  |
|  |  | 501<br>(c)(3) <sup>1</sup>  | One-<br>Person<br>Contractor <sup>2</sup> | CBA <sup>3</sup> | Occupational<br>License <sup>4</sup> | Small<br>Business <sup>5</sup> | Gov.<br>entity <sup>6</sup> |  |
| 1 Subcontractor Name:  |  |   |   |                  | 2                                    |                                |                             |  |
| 1. Subcontractor Name: Phone #:  |  | <u>-</u> -  |   | V                |                                      |                                |                             |  |
| 3 Address:   |  |   |   |                  |                                      |                                |                             |  |
| 4. Purpose of Subcontract:   |  |   |   |                  |                                      |                                |                             |  |
| 5. Amount of Subcontract: \$   | _  |   |   |                  |                                      |                                |                             |  |
| 6. Term: Start Date/_ End Date/_   | _/   |   |   |                  |                                      |                                |                             |  |
| 7. Does the subcontract exceed \$25,000?  Yes No 8. Is the length of the subcontract at least three (3) months?  | UVac UNa   |   |   |                  |                                      |                                |                             |  |
| (a) (b)  | 5  |   |   |                  |                                      |                                |                             |  |
| If you checked off YES for Questions 7 AND 8, this subcontra   | ictis SUBJECT  |   |   |                  |                                      |                                |                             |  |
| TO THE LWO. Continue onto Part B.  If you checked off NO for any questions 7 OR 8, this subc   | entroot is NOT   |   |   |                  |                                      |                                |                             |  |
| SUBJECT TO THE LWO. Continue to fill in Part A for addition  |  |   |   |                  |                                      |                                |                             |  |
|  |  |   |   |                  |                                      |                                |                             |  |
| 1. Subcontractor Name: Phone #:  |  |   |   |                  |                                      |                                |                             |  |
| 2. Contact Person: Pnone #:  3. Address:   |  |   |   |                  |                                      |                                |                             |  |
| 4 Purpose of Submntract:   |  |   |   |                  |                                      |                                |                             |  |
| 4. Purpose of Subcontract:  5. Amount of Subcontract: \$   |  |   |   |                  |                                      |                                |                             |  |
| 6. Term: Start Date/ End Date/_  |  |   |   |                  |                                      |                                |                             |  |
| 7. Does the subcontract exceed \$25,000?  Yes No   | 111  |   |   |                  |                                      |                                |                             |  |
| 8. Is the length of the subcontract at least three (3) months?   | ☐ Yes ☐ No   |   |   |                  |                                      |                                |                             |  |
| If you checked off YES for Questions 7 AND 8, this subcontra   | ctIS SUBJECT   |   |   |                  |                                      |                                |                             |  |
| TO THE LWO. Continue onto Part B.  |  |   |   |                  |                                      |                                | ļ.                          |  |
| If you checked off NO for any questions 7 OR 8, this subc  | ontract is NOT   |   |   |                  |                                      |                                | 1                           |  |
| SUBJECT TO THE LWO.  |  | WDE   | -: :OID! F                                |                  | VELIDIO                              |                                |                             |  |
| SECTION III: SUBCONTRACTS SUBJECT TO T  1) If you checked off any boxes in Part B, your Subcontractor(s  | HE LWO (AND IV   | IAY BE  | ELIGIBLE                                  | FUK E            | AN LIVIO                             | NS)                            | 2.00                        |  |
| Review the exemptions below, and have your subcontractors  | fill out the form in   | the co  | respondin                                 | a right-h        | and colum                            | n.                             |                             |  |
| Continue to Section V, and submit this form and all supporting   | ng documentation   | to the A  | Awarding D                                | epartm           | ent for app                          |                                |                             |  |
| 2) If you did NOT check any boxes in Part B or your subs DO N  | NOT qualify for ar   | ualify for an exemption, Continue to Section IV.  SUPPORTING DOCUMENTATION REQUIRED |   |                  |                                      |                                |                             |  |
| EXEMPTION  |  |   |   |                  | TION REQ                             | UIRED                          | The state of                |  |
| One-person contractors, lessee, licensee   | LW 13 - Depart   |   |   |                  | the form                             | - afan                         |                             |  |
| 501(c)(3) non-profit organization  | http://bca.lacity.org/i  |   |   | oogy=aiv         | OCC IWO TOTTI                        | is.crm                         |                             |  |
| Occupational license required  Collective bargaining agreement w/supersession language   |  |   |   | oody=div         | occ Iwo form                         | is.cfm                         |                             |  |
| Small Business   | http://bca.lacity.org/index.cfm?nxt=ee&nxt_body=div_occ_lwo_forms.cfm  LW 26 - Small Business Exemption Form (English & Spanish) |   |   |                  |                                      |                                |                             |  |
|  | index.cfm?nxt=ee&nxt_body=div_occ_lwo_forms.cfm  |   |   |                  |                                      |                                |                             |  |
| Governmental Entity NONE REQUIRED.   |  |   |   |                  |                                      |                                |                             |  |
| SECTION IV: SUBCONTRACTS SUBJECT TO THE LWO (AND NOT ELIGIBLE FOR EXEMPTIONS)  Please have EACH of your Subcontractors that ARE SUBJECT to the LWO fill out the three forms below. Submit LW-6 and LW-18 |  |   |   |                  |                                      |                                |                             |  |
| ONLY to the Awarding Department (and supporting documentati  | on, where applica  | able) and   | RETAIN                                    | LW-5 in          | your office                          | Э.                             |                             |  |
| Employee Information Form     Subcontractor Information Form   | LW 6 - http://bca.la   |   |   |                  |                                      |                                |                             |  |
| Subcontractor Information Form     Subcontractor Declaration of Compliance Form (retain)   | LW 18 - http://bca<br>LW 5 - http://bca.la   |   |   |                  |                                      |                                |                             |  |
|  | V: SIGNATURE   |   | ucx,ciii                                  | -Couring -       | ouy-air co.                          | THO TOTAL                      |                             |  |
| I understand that the Subcontractor Information provided herein is   |  | vill be us  | ed bythe (                                | City of Lo       | s Angeles                            | , Ofice of                     | Contract                    |  |
| Compliance for the purpose of monitoring the Living Wage Ordin   |  |   | 94200                                     | 1,50)            |                                      |                                |                             |  |
| Print Name of Person Completing This Form  | Signature  | of Perso  | on Comple                                 | ting This        | s Form                               |                                |                             |  |
|  |  |   |   |                  |                                      |                                |                             |  |
| Title Phone # AWARDING DEP   | Date   | ONI VI  |   |                  |                                      |                                |                             |  |
| AWARDING DEP   | ARTMENT USE  | UNLY:   |   |                  |                                      |                                |                             |  |
| Dept: Dept Contact:  | Contact Pho  | one:  |   |                  | Contract                             | #:                             |                             |  |

## ENDNOTES FOR LWO SUBCONTRACTOR INFORMATION FORM

- <sup>1</sup> Non-Profit 501(c)(3) Organizations: A corporation claiming exemption under Section 10.37.1(g) of the LWO as a corporation organized under Section 501 (c)(3) of the United States Internal Revenue Code must provide the following additional documents in support of the application for exemption:
- (A) A copy of the most recent IRS letter indicating that the contractor has been recognized as a non-profit corporation organized under section 501 (c)(3) of the United States Internal Revenue Code.
- (B) An application for non-coverage or exemption, including the non-profit salary certification on the form referred to in Appendix A. The salary certification must list the salary of the corporation's chief executive officer (CEO), computed on an hourly basis, and the hourly wage rate of the lowest paid worker in the corporation. The salary of the CEO, when computed on an hourly basis, must be less than 8 times what the lowest paid worker is paid on an hourly basis. For purposes of this exemption, the "chief executive officer (CEO)" means the CEO of the 501(c)(3) corporation that entered into the agreement
- <sup>2</sup> One-Person Contractor: A contractor may apply for exemption under Section 10.37.1(f) of the LWO if that contractor has no employees. The one-person contractor shall submit an application for non-coverage or exemption to the awarding authority on the form referred to in Appendix A with the appropriate one-person contractor certification. If, subsequent to the approval of the exemption application, the contractor hires any employees, the exemption is no longer valid. Any employee the contractor hires becomes covered by the LWO to the extent that the employee performs work on the City agreement. In such cases, the contractor shall notify the awarding authority of the change in circumstances and submit to the awarding authority all the necessary forms to comply with the LWO reporting requirements, including the employee and subcontractor information forms.
- <sup>3</sup> Exemption by Collective Bargaining Agreement LAAC 10.37.12: An employer subject to provisions of the LWO may, by collective bargaining agreement (CBA), provide that the CBA, during its term, shall supersede the requirements of the LWO for those employees covered by the CBA. The provisions of the LWO should not be interpreted to require an employer to reduce the wages and benefits required by a collective bargaining agreement. All parties to the CBA must specifically waive in full or in part the benefits required by the LWO. An employer applying for this exemption shall submit a copy of the CBA. If the CBA does not specifically indicate that the LWO has been superseded, the employer shall submit written confirmation from the union representing the employees working on the agreement that the union and the employer have agreed to let the CBA supersede the LWO.
- (A) Provisional Exemption from LWO during negotiation of CBA: An employer subject to the LWO may apply for Provisional Exemption from the LWO if the employer can document that: (1) the union and the employer are currently engaged in negotiations regarding the terms of the CBA; and (2) the issue of allowing the CBA to supersede the LWO has been proposed as an issue to be addressed during the negotiations. If granted, Provisional Exemption status is valid until the end of the negotiation process, including, if applicable, impasse resolution proceedings. During the negotiation process, the employer shall provide, upon request from the OCC, status reports on the progress of negotiations. At the end of the negotiation process, the employer shall provide the OCC with a copy of the final CBA to verify whether the LWO has been superseded, and the effective dates of the CBA.
- (i) If the final CBA signed by the employer and the union supersedes the LWO, the employer shall be considered to be exempt from the LWO's wage and benefits provisions for the time period covered by the effective dates of the superseding CBA. The employer remains subject to all applicable provisions of the LWO for the time period not covered by the superseding CBA. If the employer has not complied with the LWO requirements during the time period not covered by the superseding CBA, the employer shall be required to make retroactive corrections for any period of non-compliance, which may include making retroactive payments to affected employees for the relevant periods of non compliance.
- (ii) If the final CBA signed by the employer and the union does not supersede the LWO, the employer shall be required to comply with all applicable LWO requirements, including the wage and benefits provisions. Compliance shall also be required retroactively to the date that the employer first became subject to the LWO. If necessary, the employer shall provide retroactive payments to affected employees for any time period during which the employer did not comply with the LWO.
- <sup>4</sup> Occupational license LAAC 10.37.1(f): Exemptions for Employees Requiring Occupational Licenses: If an employer claims that the LWO does not apply to an employee pursuant to section 10.37.1(f) because an occupational license is required of the employee to perform the work, the employer shall submit to the awarding authority, along with the application for non-coverage or exemption, a list of the employees required to possess an occupational license, the type of occupational license required, and a copy of the occupational license itself. An exemption granted under this provision exempts only the employee who must possess an occupational license to perform work on the City agreement. If an occupational license is not required of an employee to perform the work, the employee remains covered by the LWO.
- <sup>5</sup> Small Business Exemptions for Public Lessees and Licensees LAAC 10.37.1(i): A public lessee or licensee claiming exemption from the LWO under section 10.37.1(i) shall submit the small business application for exemption form referred to in Appendix A along with supporting documentation to verify that it meets both of the following requirements:

(A) The lessee's or licensee's gross revenues from all business(es) conducted on the City premises for the calendar year prior to the date of the application for exemption do not exceed the gross annual revenue amount set by the LWO in Section 10.37.1(i). That gross revenue amount shall be adjusted annually according to the requirements of the LWO. The gross revenue amount used in evaluating whether the lessee or licensee qualifies for this exemption shall be the gross revenue amount in effect at the time the OCC receives the application for exemption.

A public lessee or licensee beginning its first year of operation on a specific City property will have no records of gross annual revenue on the City property. Under such circumstances, the lessee or licensee may qualify for a small business exemption by submitting proof of its annual gross revenues for the last tax year prior to application no matter where the business was located, and by satisfying all other requirements pursuant to these regulations and the LWO.

A lessee or licensee beginning its first year of operation as a business will have no records of gross annual revenue. Under such circumstances, the lessee or licensee may qualify for a small business exemption by satisfying all other requirements pursuant to these regulations and the LWO.

(B) The lessee or licensee employs no more than seven (7) employees.

(i) For purposes of this exemption, a lessee or licensee shall be deemed to employ a worker if the worker is an employee of a company or entity that is owned or controlled by the lessee or licensee, regardless of where the company or entity is located; or if the worker is an employee of a company or entity that owns or controls the lessee or licensee, regardless of where the company or entity is located.

Whether the lessee or licensee meets the seven (7) employee limit provided for in Section 10.37.1(i) of the LWO shall be determined using the total number of workers employed by all companies or businesses which the lessee or licensee owns or controls, or which own or control the lessee or licensee. Control means that one company owns a controlling interest in another company.

- (ii) If a business operated by the lessee or licensee is part of a chain of businesses, the total number of employees shall include all workers employed by the entire chain of businesses unless the business operated by the lessee or licensee is an independently owned and operated franchise.
- (iii) A public lessee or licensee shall be deemed to employ no more than seven (7) employees if its entire workforce (inclusive of those employees falling within the guidelines stated in subsections (i) and (ii) immediately above) worked an average of no more than 1,214 hours per month for at least three-fourths of the time period that the revenue limitation provided for in section 10.37.1(i) is measured.

Until the OCC approves the application for exemption, the lessee or licensee shall be subject to the LWO and shall comply with its requirements. If the OCC approves the application, the lessee or licensee shall be exempt from the requirements of the LWO for a period of two years from the date of the approval. The exemption will expire two years from the date of approval, but may be renewable in two-year increments upon meeting the requirements.

<sup>6</sup> Governmental Entities – LAAC 10.37.1(g): Agreements with governmental entities are exempt from the requirements of the LWO. If an agreement is exempt from the LWO because the contractor is a governmental entity, subcontractors performing work for the governmental entity on the agreement are also exempt.

# LWO/SCWRO - SUBCONTRACTOR DECLARATION OF COMPLIANCE FORM

REQUIRED DOCUMENTATION FOR ALL SUBCONTRACTS SUBJECT TO LWO

This form must be signed within <u>90 DAYS</u> of the execution of the subcontract and RETAINED by the PRIME CONTRACTOR.

| TO BE FILLED OU                              | T BY THE PRIME CONTRACTOR:                                      |
|--|---|
| 1. Company Name:                             | Company Phone Number:   |
| 2. Company Address:                          |   |
| 3. Awarding Department:                      |   |
| 4. Project Name:                             |   |
|  | MIT THIS FORM TO PRIME CONTRACTOR ON THE CITY CONTRACT,         |
|  | VIOLATION OF THE LWO AND SCWRO FOR FAILING TO ENSURE ITS        |
|  | NCES. THIS MAY RESULT IN <u>WITHHOLDING OF PAYMENTS</u> DUE THE |
| PRIME CONTRACTOR, OR TERMINATION OF THE PRIM | E CONTRACTOR'S AGREEMENT WITH THE CITY.                         |

#### THE PRIME CONTRACTOR MUST INFORM THEIR SUBCONTRACTORS OF THE FOLLOWING:

#### THE LIVING WAGE ORDINANCE (LWO) REQUIRES:

That a subcontractor (including a sublessee, a sublicensee, or a service contractor to a City financial assistance recipient) that works on or under the authority of an agreement subject to the Service Contractor Worker Retention Ordinance (SCWRO) and Living Wage Ordinance (LWO) must comply with all applicable provisions of the Ordinances unless specifically approved for an exemption.

# THE SERVICE CONTRACTOR WORKER RETENTION ORDINANCE (SCWRO) REQUIRES:

In case of a successor service contractor, a successor prime contractor and its subcontractors shall retain for a 90-day transition employment period, certain employees who have been employed by the terminated prime contractor and its subcontractor, if any, for the preceding 12 months or longer. Refer to the SCRWO Rules and Regulations, available from the Department of Public Works, Bureau of Contract Administration, Office of Contract Compliance (OCC) website - http://bca.lacity.org, for details regarding the wage and benefit requirements of the Ordinance.

# THE LIVING WAGE ORDINANCE (LWO) REQUIRES THAT SUBJECT EMPLOYERS PROVIDE TO EMPLOYEES:

- As of July 1, 2012 a wage of at least \$10.70 per hour with health benefits of \$1.25 per hour, or \$11.95 per hour without health benefits (to be adjusted annually) (Regulation #4);
- At least 12 compensated days off per year for sick leave, vacation or personal necessity at the employee's request (pro-rated for part-time employees) (Regulation #4);
- At least 10 additional days off per year of uncompensated time off for sick leave (pro-rated for part-time employees) (Regulation #4); and
- Making less than \$12.00 per hour information of their possible right to the federal Earned Income Tax Credit (EITC) and make available the forms required to secure advance EITC payments from the employer (Regulation #4).

#### THE LIVING WAGE ORDINANCE (LWO) ALSO REQUIRES EMPLOYERS:

- To permit access to work sites for authorized City representatives to review the operation, payroll and related documents, and to provide certified copies of the relevant records upon request by the City.
- Not to retaliate against any employee claiming non-compliance with the provisions of these Ordinances and to comply with federal law prohibiting retaliation for union organizing (Regulation #4). Refer to the LWO Rules and Regulations, available from the Department of Public Works, Bureau of Contract Administration, Office of Contract Compliance (OCC) website http://bca.lacity.org, for details regarding the wage and benefit requirements of the Ordinance.

|                                    | TO BE FILLED OUT BY T  | HE SUBCONTRACTOR:   |  |  |  |  |  |
|------------------------------------|--|---|--|--|--|--|--|
| 1. Company Name:                   |  | Company Phone Number:   |  |  |  |  |  |
| 2. Company Address:                |  |   |  |  |  |  |  |
| 3. Type of Service Provided by     | Subcontractor to Prime:  |   |  |  |  |  |  |
|                                    | W  |   |  |  |  |  |  |
| 4. Amount of Subcontract:          | Subco  | ntract Start Date:// End Date://                                      |  |  |  |  |  |
| By signing this Declaration of Com | ppliance, the subcontractor certifies  | that it will comply with all applicable provisions of the SCWRO, LWO, |  |  |  |  |  |
| and their implementing Rules and   | d Regulations, including any amend   | ments or revisions to the Ordinances and Regulations.                 |  |  |  |  |  |
|                                    |  |   |  |  |  |  |  |
| Print Name of Person Completing    | ng This Form   | Signature of Person Completing This Form                              |  |  |  |  |  |
|                                    |  | · · · · · · · · · · · · · · · · · · ·                                 |  |  |  |  |  |
| Title                              | Phone #  | Date  |  |  |  |  |  |
|                                    | 2 TOTAL SANCTION OF THE SANCTI |   |  |  |  |  |  |

# **LWO - OCC SMALL BUSINESS EXEMPTION APPLICATION**

EXEMPTION THAT REQUIRES OCC APPROVAL

This application for exemption is for lessees and licenses only and must be submitted along with your bid or proposal to the AWARDING DEPARTMENT. If approved, it will EXPIRE TWO (2) YEARS from the date of approval. This may be renewable in two (2) year increments upon meeting the requirements. INCOMPLETE SUBMISSIONS WILL BE RETURNED.

Los Angeles Administrative Code 10.37, the Living Wage Ordinance (LWO), presumes all City contractors (including service contractors, subcontractors, financial assistance recipients, lessees, licensees, sublessees and sublicensees) are subject to the LWO unless an exemption applies.

| TO BE FILLED  | D OUT BY THE CONTRACTOR:  |
|---|---|
| 1. Company Name:  | Phone Number:   |
| 2. Company Address:   |   |
| 3. Are you a Subcontractor?   Yes   No If YES, state                                      | the name of your Prime Contractor:  |
|   | and name of your time continuous.   |
| 4. STATE the total number of businesses you have (inside                                  | e and outside the City of Los Angeles premises):  |
| 5. STATE the total number of businesses you have inside                                   | the City of Los Angeles premises only:  |
| SECTION I   | I: BUSINESS INFORMATION   |
|   | SES YOUR BUSINESS AND ATTACH DOCUMENTATION LISTED IN PART   |
| PART A  | PART B:   |
| ☐ I am a lessee or licensee beginning my first year of                                    | SUPPORTING DOCUMENTATION REQUIRED  None Required.   |
| operation as a business.  | None required.  |
| ☐ I have other businesses, but this is my first year of                                   | ATTACH 2011 IRS Tax Returns listing gross revenues for ALL of your  |
| operation on City premises. Effective July 1, 2012, my                                    | business(es).   |
| gross annual revenues for all of my businesses are less                                   |   |
| than \$471,870 for the 2011 calendar year.  I have (a) business(es) on City premises, and | ATTACH 2011 IRS Tax Returns listing gross revenues for ALL of your  |
| effective July 1, 2012, my gross annual revenues from all                                 | business(es) ON CITY PREMISES.  |
| my business(es) on City premises are less than \$471,870                                  | business(ss) sit sit i i i i i i i i i i i i i i i i  |
| for the 2011 calendar year.   |   |
| If you DID NOT check off ANY boxes in PAR   | RT A, your company IS NOT ELIBIGLE FOR AN EXEMPTION.  |
|   | / boxes in PART A, continue to Section II.  |
| SECTION II:   | I: EMPLOYEE INFORMATION<br>IBE YOUR BUSINESS AND ATTACH DOCUMENTATION LISTED IN PART D:                                 |
| PART C  | PART D:   |
|   | SUPPORTING DOCUMENTATION REQUIRED   |
| ☐ I have LESS than Seven (7) employees in the entire                                      | Submit a completed Employee Worksheet for Small Business Exemption  |
| company (inside AND outside the City of Los Angeles                                       | (Form OCC/LW-26B). Information on the Employee Worksheet may subsequently require verification through payroll records. |
| premises).  ☐ My company's workforce worked an average of no                              |   |
| more than 1,214 hours per month for at least three-                                       | OR  |
| fourths of the calendar year.   | Payrolls for the nine (9) months you would like to have reviewed.   |
|   | RT C, your company IS NOT ELIGIBLE FOR AN EXEMPTION.  |
| If you checked off ANY box in PART C, ATTACH s  | supporting documentation, SIGN, AND SUBMIT EXEMPTION FORM.  |
| support of this application is true and correct to the best of                            | under the laws of the State of California that the information submitted in   |
| support of this application is true and correct to the best of                            | the contractor's knowledge.   |
| Print Name of Person Completing This Form   | Signature of Person Completing This Form  |
| Thirt Name of Ferson Completing This Form   | digitature of recisor completing this roth  |
| Title Phone #   | Date  |
| ANY APPROVAL OF THIS APPLICATION EXEMPTS ONLY TH  | HE LISTED CONTRACTOR FROM THE LWO DURING THE PERFORMANCE  |
| THIS CONTRACT. A SUBCONTRACTOR PERFORMING WOF   | RK ON THIS CONTRACT IS NOT EXEMPT UNLESS THE OFFICE OF CONTRA   |
| COMPLIANCE HAS APPROVED A SEPARATE EXEMPTION  |   |
|   | DEPARTMENT USE ONLY:  |
| Dept: Dept Contact:   | Contact Phone:Contract #:   |
|   | OCC USE ONLY:   |
| Approved / Not Approved – Reason:   |   |
| By OCC Analyst:   | Date:   |

# LWO - OCC SMALL BUSINESS EXEMPTION EMPLOYEE WORKSHEET

EXEMPTION THAT REQUIRES OCC APPROVAL TO BE VALID

| MAR   APR   MAY   JUN   JUL   AUD  | any for EACH company. Include the nonth for the current year. ATTACH  HOURS W HOURS W HOURS W  O 0.00 0.00 0.00 0.00  above: 6b. DIVIDE 6a by \$  AN EXEMPTION. If 6c is YES, SIGN a e and correct to the best of my knowledge. I w o the revocation of any approved exemption.  | nonth for the current year. ATTACH this form(s) to LW-26A.  Company Phone:   | ED SEP OCT NOV DEC TOTAL | NOV DEC | 00:00 | 0.00 | 0000 | 0.00 | 00.00 | 0.00 | 00:0 | 0.00 | 00.00 | 0.00 | 00:0 | 00:0 | 0.00 | 0.00 | 0.00 0.00 0.00 0.00 0.00 | 6c. Is 6b less than 1,214? ☐ YES ☐ NO | TTACH this form to LW-26A.                         | vide further documentation and proof upon request.                     | Signature of Person Completing this Form |      | 1E PERFORMANCE OF THIS CONTRACT. A SUBCONTRACTOR |
|--|--|--|--------------------------|---------|-------|------|------|------|-------|------|------|------|-------|------|------|------|------|------|--------------------------|---------------------------------------|--|--|--|------|--|
| each month for the curre  MAR APR MAY  0.00 0.00 0.00  ed in 5 above :  E FOR AN EXEMPTION.  rein is true and correct to the be ay lead to the revocation of any lead to the revoc | may COLY 1 HIS FORM as necessary for EACH complete of hours worked each month for the current is worked:  I ress:  I ress worked:  I ress:  I ress worked:  I ress:  I ress: | npany. Include the names of ALL Int year. ATTACH this form(s) to large the names of ALL Into year. ATTACH this form and the new ATTACH this worken | DIANOVE NI               | 201     |       |      |      |      |       |      |      |      |       |      |      |      |      |      | 0.00 0.00 0.00           | 6b. DIVIDE 6a by 9: 0                 | If 6c is YES, SIGN and ATTACH this form to LW-26A. | st of my knowledge. I will provide further d<br>approved exemption.    | Signature of Perso                       | Date | FROM THE LWO DURING THE PERFORM                  |
|  | the number of hours worked ne: ress: ress: xindicating and select seved: RS for the nine (9) months select en this contract IS NOT ELIGIBL select he submission of false information he submission of false information meson Completing this Form  FTHIS APPLICATION EXEMPTS ON   | each month for the curre   | ADA                      | 4       |       |      |      |      |       |      |      |      |       |      |      |      |      |      | 0.00                     | ed in 5 above :                       |  | rein is true and correct to the be<br>ay lead to the revocation of any |  |      | ILY THE LISTED CONTRACTOR                        |

# LWO – APLICACION PARA EXENCION DEL SUELDO DIGNO PARA NEGOCIOS PEQUEÑOS

ESTA APPLICACIÓN REQUIERE LA APROBACIÓN DE OCC PARA SER VÁLIDA

Esta aplicación de exención es para los arrendatarios y los concesionarios solamente y debe ser sometida junto con su oferta o propuesta al DEPARTAMENTO QUE CONCEDE. Si es aprobada, la exención terminará dos años despúes de la fecha aprobada, pero puede ser renovada en incrementos de dos años al cumplir con los requisitos. DOCUMENTOS INCOMPLETOS NO SERÁN ACEPTADOS.

El código administrativo 10.37, la Ordenanza del Sueldo Digno (LWO) de Los Ángeles, requiere que todos los contratistas de la ciudad (incluyendo contratistas de servicio, los subcontratistas, los recipientes de ayuda económica, los arrendatarios, los concesionarios, los subarrendatarios y los subconcesionarios) cumplan con el LWO a menos que una exención se aplique.

| exercision so aprique.   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| PARA SER COMF  | PLETADO POR EL CONTRATISTA:  |  |  |  |  |  |  |
| 1. Nombre de Companía:   | Teléfono:  |  |  |  |  |  |  |
| 2. Dirección de Companía:  |  |  |  |  |  |  |  |
|  | que el nombre del contratista principal:   |  |  |  |  |  |  |
| 4. INDIQUE el número total de negocios que usted tiene (   | (dentro y fuera de establecimientos de la Ciudad de Los Ángeles):  |  |  |  |  |  |  |
| 5. INDIQUE el número total de negocios que usted tiene s   | solamente en establecimientos de la Ciudad de Los Ángeles:   |  |  |  |  |  |  |
| SECCIÓN I: II  | NFORMACIÓN DEL NEGOCIO   |  |  |  |  |  |  |
| MARQUE UNA CAJA EN LA PARTE A QUE DESCRIBE MEJOR S   | SU NEGOCIO Y ADJUNTE LA DOCUMENTACIÓN ENUMERADA EN LA PARTE B:   |  |  |  |  |  |  |
| PARTE A  | PARTE B: DOCUMENTACIÓN JUSTIFICATIVA REQUERIDA   |  |  |  |  |  |  |
| ☐ Yo soy arrendatario o poseedor de licencia   | Ningunos requeridos.   |  |  |  |  |  |  |
| empenzando mi primer año de operar como un negocio.  |  |  |  |  |  |  |  |
| ☐ Yo tengo otros negocios, pero es mi primer año   | Adjunte las declaraciones de impuestos del IRS del año 2011 que  |  |  |  |  |  |  |
| operando en propiedades de la Ciudad. Mis ingresos   | enumeran los réditos brutos de TODOS sus negocios.   |  |  |  |  |  |  |
| brutos para todos mis negocios fueron menos de   |  |  |  |  |  |  |  |
| \$471,870 (ajustado el 1 de julio 2012) por el año 2011.   |  |  |  |  |  |  |  |
| ☐ Yo tengo un negocio o negocios en establecimientors  | Adjunte las declaraciones de impuestos del IRS del año 2011 que  |  |  |  |  |  |  |
| de la Ciudad de los Angeles, y mis ingresos brutos por   | enumeran los réditos brutos de TODOS sus negocios en establecimientos  |  |  |  |  |  |  |
| todos mis negocios en propiedades de la Ciudad fueron  | de la Ciudad de Los Angeles.   |  |  |  |  |  |  |
| menos de \$471,870 (hasta el 1 de julio de 2012) para el   |  |  |  |  |  |  |  |
| año 2011.  | FE A   |  |  |  |  |  |  |
| Si usted no marco NINGUNA caja en la PARI  | TE A, su compañía NO ES ELEGIBLE PARA UNA EXENCIÓN.  |  |  |  |  |  |  |
| Si usted marco ALGUNAS d   | cajas en la PARTE A, continúe a la sección II.   |  |  |  |  |  |  |
| SECCION II: IN   | NFORMACIÓN DEL EMPLEADO<br>DR SU NEGOCIO Y ADJUNTE LA DOCUMENTACIÓN ENUMERADA EN LA PARTE D:                       |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| PARTE C  | PARTE D: DOCUMENTACIÓN JUSTIFICATIVA REQUERIDA  Someta la forma OCC/LW-26B. La información reportada en le Reporte |  |  |  |  |  |  |
| ☐ Tengo MENOS de siete (7) empleados en la compañía entera (dentro Y fuera de las premisas de Los  | de Horas Trabajadas puede requerir, posteriormente, la verificación a  |  |  |  |  |  |  |
| Angeles).  | través de expedientes sobre las nóminas de pago a los empleados.   |  |  |  |  |  |  |
|  | O  |  |  |  |  |  |  |
| La empleados de mi compañía trabajaron un  | Nóminas de pago por los nueve (9) meses que usted desea que sean   |  |  |  |  |  |  |
| promedio de no más de 1.214 horas por mes por un periodo menos tres cuartos del año.   |  |  |  |  |  |  |  |
|  | TE C au composión NO ES ELECIDI E DADA UNA EVENCIÓN  |  |  |  |  |  |  |
|  | TE C, su compañía NO ES ELEGIBLE PARA UNA EXENCIÓN.  |  |  |  |  |  |  |
| Si usted marcó <b>ALGUNA</b> caja en la PARTE C, adjunte la documentación necesaria, <b>FIRME</b> , Y <b>ENTREGUE</b> ESTA APLICACIÓN DE EXENCIÓN. |  |  |  |  |  |  |  |
| Firmando, el contratista certifica bajo pena de perjurio bajo las leyes del estado de California que la información que presenta en esta           |  |  |  |  |  |  |  |
| aplicación es veridica y correcta con el major conocimiento  | o del contratieta  |  |  |  |  |  |  |
| aplicación es vendica y correcta con el major conocimiento   | o dei contratista.   |  |  |  |  |  |  |
|  | *  |  |  |  |  |  |  |
| Nombre   | Firma  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Título: Teléfono   | Fecha  |  |  |  |  |  |  |
| CUALQUIER APROBACIÓN DE ESTA APPLICACIÓN EXENTA S  | OLAMENTE AL CONTRATISTA MENCIONADO DE LOS REQUESITOS DEL LWO   |  |  |  |  |  |  |
| DURANTE EL RENDIMIENTO DE ESTE CONTRATO, UN SUBCO  | ONTRATISTA QUE PROPOCIONA TRABAJO SOBRE ESTE CONTRATO NO ES  |  |  |  |  |  |  |
|  | E CONTRATOS HAYA APROBADO UNA EXENCIÓN SEPARADA PARA EL  |  |  |  |  |  |  |
| SUBCONTRATISTA INDIVIDUAL.   | MENTO DE CONCESIONES SOLAMENTE:  |  |  |  |  |  |  |
| Dept: Dept Contact:  | Contact Phone: Contract #:   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | FICINA OCC SOLAMENTE   |  |  |  |  |  |  |
| Approved / Not Approved – Reason:  |  |  |  |  |  |  |  |
| By OCC Analyst:  | Date:  |  |  |  |  |  |  |

# LWO - EXENCIÓN DE EMPRESAS PEQUEÑAS - REPORTE DE HORAS TRABAJADAS ESTA APPLICACIÓN DE EXENCIÓN REQUIERE LA APROBACIÓN DE OCC PARA SER VÁLIDA

| Este formulario debe de ser completado por cada compañía o negocio en la cual Ud. tiene intereses, aunque no esté en propiedad de la C<br>Usted puede <b>COPIAR ESTA FORMA</b> cuanto sea necesario para <b>CADA</b> compañía. Incluya los nombres de todas las personas | ser com                    | pletado por FORMA            | or cada c<br>cuanto        | ompañía<br>sea ne | o negoc<br>cesario       | oio en la<br>para <b>C</b> , | cual Ud.<br>ADA co | tiene int<br>mpañía  | pañía o negocio en la cual Ud. tiene intereses, aunque no esté en propiedad de la Ciudad.<br>a necesario para CADA compañía. Incluya los nombres de todas las personas | que no es<br>nombres | té en propie<br>de todas la          | dad de la (<br>s personas | Siudad.    |
|--|----------------------------|------------------------------|----------------------------|-------------------|--------------------------|------------------------------|--------------------|----------------------|--|----------------------|--------------------------------------|---------------------------|------------|
| empleadas por cada compania, y el numero de noras trabajadas por cada mes de este ano. <b>AbJuni e</b> este reporte a la forma LW-26A.<br>1. Nombre de Companía:   | npania, )                  | y ei numei                   | o de nor                   | as trabaj         | adas por                 | r cada m                     | es de es           | ste ano.             | Teléfono: _  | este repr            | опе а на го                          | rma Lw-26                 | .  <br>Y   |
| <ol><li>Entre # de las horas<br/>trabajadas:</li></ol>   |                            |                              |                            |                   |                          | 유                            | RAS TE             | HORAS TRABAJADAS     | DAS  |                      |                                      |                           |            |
| NOMBRE(S) DE<br>EMPLEADO(S)  | Enero                      | Febrero                      | Marzo                      | Abril             | Mayo                     | Junio                        | Julio              | Agosto               | Septiembre   | Octubre              | Noviembre                            | Diciembre                 | TOTAL      |
|  |                            |                              |                            |                   |                          |                              |                    |                      |  |                      |                                      |                           |            |
|  |                            |                              |                            |                   |                          |                              |                    |                      |  |                      |                                      |                           |            |
|  |                            |                              |                            |                   |                          |                              |                    |                      |  |                      |                                      |                           |            |
|  |                            |                              |                            |                   |                          |                              |                    |                      |  |                      |                                      |                           |            |
|  | ,                          |                              |                            |                   |                          |                              |                    |                      |  |                      |                                      |                           |            |
|  |                            |                              |                            |                   |                          |                              |                    |                      |  |                      |                                      |                           |            |
|  |                            |                              |                            |                   |                          |                              |                    |                      |  |                      |                                      |                           |            |
|  |                            |                              |                            |                   |                          |                              |                    |                      |  |                      |                                      |                           |            |
|  |                            |                              |                            |                   |                          |                              |                    |                      |  |                      |                                      |                           |            |
| 4. HORAS TOTALES   |                            |                              |                            |                   |                          |                              |                    |                      |  |                      |                                      |                           |            |
| 5. Marque cada caja indicando<br>cuales nueve (9) meses usted<br>desa sean evaluados:  |                            |                              |                            |                   |                          |                              |                    |                      |  |                      |                                      |                           |            |
| 6a. HORAS TOTALES por los nueve (9) meses seleccionados  | os nueve                   | (9) meses                    | selecciona                 | 3dos en 5         | en 5 arriba:             | 99                           | DIVIDA             | 6b. DIVIDA 6a por 9: | 9  | ¿Es 6b n             | 6c. ¿Es 6b menos de 1.214? 🗌 SÍ 🗌 NO | 4? □ SÍ □                 | S<br>S     |
| 7. Si contesto "NO" en 6c, entonces este contrato NO ES ELE LW-26A   | entonces (                 | este contra                  | to NO ES                   | ELEGIBLI          | GIBLE PARA UNA EXENCIÓN. | INA EXEN                     | ICIÓN.             | Si contesi           | Si contestor "SI" en 6c, FIRME y ADJUNTE este reporte a la forma   | FIRME y A            | DJUNTE est                           | e reporte a la            | forma      |
| Yo certifico bajo pena de perjurio que esta información es veridica y correcta. Proveeré más documentos y pruebas siempre y cuando sean solicitadas. Entiendo que al proveer información falsa puede resultar en la revocación de la exención aprobada.                  | io que esta<br>cación de l | informaciór<br>la exención a | n es veridic:<br>aprobada. | a y correcta      | ı. Proveeré              | más docu                     | mentos y p         | ruebas sier          | npre y cuando s  | sean solicita        | das. Entiendo q                      | ue al proveer i           | nformación |
| Nombre (en letra de molde) de la persona que complete esta forma   | e la person                | a que comp                   | lete esta fo               | rma               |                          |                              |                    | Firma                |  |                      |                                      |                           | 1          |
| Título   | Teléfono                   | no                           |                            |                   |                          |                              |                    | Fecha                |  |                      |                                      |                           | 1          |
| CUALQUIER APPOBACIÓN DE ESTA APPLICACIÓN EXENTA SOLAMENTE AL CONTRATISTA MENCIONADO DE LOS REQUESITOS DEL LIMO DURANTE EL RENDIMIENTO DE ESTE CONTRATO. UN SUBCONTRATISTA QUE PROPOCIONA TRABAJO SOBRE ESTE  | CACIÓN EXENT               | TA SOLAMENTE A               | IL CONTRATIST              | A MENCIONAD       | O DE LOS REQ             | UESITOS DEL I                | LWO DURANTE        | E EL RENDIMIEN       | TO DE ESTE CONTR   | ATO. UN SUBCO        | NTRATISTA QUE PRO                    | POCIONA TRABAJ            | SOBRE ESTE |

# **CITY OF LOS ANGELES**

Department of Public Works, Bureau of Contract Administration Office of Contract Compliance 1149 S. Broadway Street, 3<sup>rd</sup> Floor, Los Angeles, CA 90015 Phone: (213) 847-1922 – Fax: (213) 847-2777

# SERVICE CONTRACTOR WORKER RETENTION ORDINANCE (SCWRO) CITY FINANCIAL ASSISTANCE RECIPIENT ("CFAR") APPLICATION FOR NON-COVERAGE OR EXEMPTION

A City financial assistance recipient (CFAR), as defined in Los Angeles Administrative Code Section 10.36.1(c), may apply for non-coverage or exemption if they meet the criteria described below. Under LAAC 10.36.1(c), a CFAR means any person that receives from the City in any one year discrete financial assistance for economic development or job growth totaling at least \$100,000. Service contracts for economic development or job growth are also deemed to be financial assistance once the \$100,000 threshold is reached.

| development or job growth are also de            | emed to be finan                     | icial assistance once the \$100,000 threshold is reached.  |
|--|--------------------------------------|--|
| Company Name:                                    |                                      | Phone:   |
| Contact Person:                                  |                                      |  |
| Company Address:City:                            |                                      |  |
| City:  | State:                               | Zip:   |
|  | stance:                              |  |
| Number of Contracts with the City of             | Los Angeles:                         |  |
| (Attach a list identifying the award             | ing department,                      | contract amount, contract term, and contract   |
| purpose.)  | evemntion for                        | which you are applying and follow the instructions.  |
|  |                                      | ction 501(c)(3) of the United States Internal Revenue  |
|  |                                      | is, persons who are chronically unemployed, or persons   |
| receiving public assistance may appl             |                                      |  |
|  |                                      | Submit this form and a copy of your IRS 501(c)(3) letter<br>nd submit it to the Bureau of Contract Administration, |
| Office of Contract Compliance for fine           |                                      | nd Submit it to the bureau of Contract Administration,   |
|  |                                      | ion regularly employs homeless persons, persons  |
| who are chronically unemployed,                  |                                      |  |
| Signature:                                       |                                      | Date:  |
|  |                                      |  |
| Service Code, with an annual operation           | nized under Sec<br>ng budget of less | ction 501(c)(3) of the United States Internal Revenue than five million dollars (\$5,000,000) may apply for this   |
| exemption.  To qualify: Submit this form, a copy | of your IBS 501(c                    | c)(3) letter and a copy of your operating budget for the   |
|  |                                      | If then review it and submit it to the Bureau of Contract  |
| Administration for final approval.               |                                      |  |
|  |                                      |  |
| AWARDING DEPARTMENT'S RECO                       | OMMENDATION:                         | :  |
| Approved: Not A                                  | pproved:                             | Date:  |
| Department Contact:                              |                                      | Phone:   |
|  |                                      |  |
|  | FOR BCA L                            | JSE ONLY   |
| Approved:  |                                      | Not Approved (See Attached):   |
| Analyst:   |                                      | Date:  |
|  |                                      |  |

# CITY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS, BUREAU OF CONTRACT ADMINISTRATION OFFICE OF CONTRACT COMPLIANCE

1149 S. Broadway Street, 3<sup>rd</sup> Floor

Los Angeles, CA 90015

Phone: (213) 847-1922 / Fax: (213) 847-2777

# SERVICE CONTRACTOR WORKER RETENTION ORDINANCE (SCWRO) TERMINATED CONTRACTOR'S EMPLOYEE INFORMATION FORM

|   | To Be Completed By BCA/OCC  SCWRO-EIF Due Back By: Analyst: |
|---|---|
| Company Name:   | Phone:  |
| Contact Person:   |   |
| Company Address:  |   |
| City:   | State: Zip:   |
| Work Site Address:  |   |
|   | Awarding City Department:                                   |
| Contract Termination Date:                                  |   |
| Check applicable box:  ☐ Prime Contractor                   |   |
| Do you have subcontractors? Yes ☐ Number of subcontractors? |   |
| Note: Subcontractors hired under this                       | agreement must also submit a separate SCWRO-EIF.            |
| Please provide a copy of this form to                       | your subcontractor(s) working on this agreement.            |
| ☐ Subcontractor   |   |
| Name of prime contractor:                                   |   |
| Number of employees <u>working on this City a</u>           | agreement and listed on this form:                          |

The Service Contractor Worker Retention Ordinance (SCWRO) requires a successor contractor and its subcontractors to retain for a 90-day period certain employees who worked for the terminated contractor or its subcontractors for the preceding 12 months. The SCWRO covers only employees who meet all of the following requirements:

- Earn less than \$15.00 per hour
- Primary job is in the City working on the City Agreement
- Not a managerial, supervisory, or confidential employee; or an employee required to possess an occupational license.

Within 10 days of notice of termination of a contract, a terminated contractor is required to provide to the Department of Public Works, Bureau of Contract Administration, Office of Contract Compliance, a list of all employees working under this agreement who are covered by the SCWRO. You must complete this Employee Information Form (include additional sheets as necessary) and attach a copy of your most recent payroll. Failure to comply with these requirements or falsification of this information will result in withholding of any final payment(s) by the City Controller, or the City may pursue other legal remedies. All information submitted is subject to verification.

# **SCWRO - EMPLOYEE INFORMATION FORM**

| Name of Employee:  |                             |                        |                          |      |  |
|--|-----------------------------|------------------------|--------------------------|------|--|
| Home Address:  |                             | City:                  | State:                   | Zip: |  |
| Home Phone Number:   |                             |                        |                          |      |  |
| Job Classification/Duty:   |                             |                        |                          |      |  |
| Date of Hire with Contractor:  |                             | Date Began Work        | ing on City Agreement:   |      |  |
| Average Number of Hours Worked on City Agr   | eement Per                  | Week:                  |                          |      |  |
| Check Applicable Box: ☐ Full - Time Employee ☐ Part - Time Employee ☐ Seasonal Employee ☐ If seasonal, dates worked:   |                             |                        |                          |      |  |
| Hourly Rate Paid: \$   |                             |                        |                          |      |  |
| Is Employee Paid a Commission? Yes □   | No □                        | Average Comn           | nission per Month: \$    |      |  |
|  |                             |                        |                          |      |  |
| Name of Employee:  |                             |                        |                          |      |  |
| Home Address:  |                             | City:                  | State:                   | Zip: |  |
| Home Phone Number:   |                             |                        |                          |      |  |
| Job Classification/Duty:   |                             | =                      |                          |      |  |
| Date of Hire with Contractor:  |                             | Date Began Work        | ing on City Agreement:   |      |  |
| Average Number of Hours Worked on City Agr   | eement Per \                | Week:                  |                          |      |  |
| Check Applicable Box: ☐ Full - Time Employee ☐ Seasonal Employee If sea  | ☐ Part - Ti<br>sonal, dates | me Employee<br>worked: | ,                        |      |  |
| Hourly Rate Paid: \$   |                             |                        |                          |      |  |
| Is Employee Paid a Commission? Yes □   | No □                        | Average Comm           | nission per Month: \$    |      |  |
|  |                             |                        |                          |      |  |
| Name of Employee:  |                             |                        |                          |      |  |
| Home Address:  |                             | City:                  | State:                   | Zip: |  |
| Home Phone Number:   |                             |                        |                          |      |  |
| Job Classification/Duty:   |                             |                        |                          |      |  |
| Date of Hire with Contractor:  |                             | Date Began Work        | ing on City Agreement:   |      |  |
| Average Number of Hours Worked on City Agreement Per Week:   |                             |                        |                          |      |  |
| Check Applicable Box: ☐ Full - Time Employee ☐ Part - Time Employee ☐ Seasonal Employee ☐ If seasonal, dates worked:   |                             |                        |                          |      |  |
| Hourly Rate Paid: \$   |                             | 9                      |                          |      |  |
| Is Employee Paid a Commission? Yes □   | No □                        | Average Comm           | nission per Month: \$    |      |  |
| I understand that the City of Los Angeles, Department of Public Works, Bureau of Contract Administration will use the employee information provided for the purpose of implementing the Service Contractor Worker Retention Ordinance. |                             |                        |                          |      |  |
| Print Name of Person Completing this Form  |                             | Signature of Per       | son Completing this Form | 3    |  |
| Date   |                             | Title                  |                          |      |  |

Form OCC/SCWRO-2, Employee Information (Rev. 06/06)