



Department of Health  
and Human Services

Maine People Living  
Safe, Healthy and Productive Lives

Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
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TTY Users: Dial 711 (Maine Relay)

Borrower \_\_\_\_\_

**Weekly Payroll Labor Standards Compliance Review**

**Project Name** \_\_\_\_\_ **DWSRF Project #** \_\_\_\_\_

**Name of Prime Contractor:** \_\_\_\_\_

**Subcontractor (if applicable):** \_\_\_\_\_

**IRS Employers ID Number:** \_\_\_\_\_

**Payroll Period: From** \_\_\_\_\_ **to** \_\_\_\_\_ **Contract Hours Worked:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Date Reviewed :** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

**Payroll and Statement of Compliance Properly Completed?:** \_\_\_\_ Yes \_\_\_\_ No

**Findings:** \_\_\_\_\_

\_\_\_\_\_

**Compliance Determination:** \_\_\_\_ Yes \_\_\_\_ No **Follow-up Actions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reviewer

Date