CONTRACTOR'S CHOICE®
PREVAILING WAGE HOUR BANK PROGRAM

Hours & Contribution Report

721 South Parker, Suite 200 ■ Orange, CA 92868 ■ 866.358.9456

Company

INSTRUCTIONS: For each employee, indicate name, social security number, hours worked, hourly rate and calculate each employee contribution. For terminated employees, please include the termination code* and termination date. If payment is made after the 15th, please add a $30 late fee. **NOTE:** Hours worked must be received by the 15th of the following month. Attach group enrollment forms for each new enrollee. Please use this form to report hours.

Employee Name (Last, First)	Social Security Number	Status	Termination		Hours Worked	Hourly Rate	Total Contribution
			Code*	Date			

*Codes: 01-Terminated Employment; 02-Lay Off; 03-Disabled

Prepared by:		Group #:	Check #:
Date:	Month of Hours Worked:	For Benefit Month of:	# of Hours Needed:

Subtotal: $

Prior Balance: $

Late Fee: $

TOTAL: $

Mail To: Contractor's Choice®, 721 South Parker, Suite 200, Orange, CA 92868

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