EECGB Labor Standards Monitoring

Cover Sheet for the Certified Weekly Payroll Submittal

Grantee _____

Date Grantee Received CPR _____

For Week Ended _____

Contractor or Subcontractor	Project Name (list each project separate)	Project Description	Number of Employees

I hereby certify that the above certified payrolls submitted represent all work completed on ARRA projects for the week ended above.

Submitted by _____ *Signature*

_____ *Printed name*

_____ *Phone number*

_____ *Email contact*