PERSONNEL

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DEPARTMENT OF TRANSPORTATION
CONSULTANT PERSONNEL REQUEST

Revised: 09/01/16

From: _____
Prime Consultant Firm Name

_____
Sub-Consultant Firm Name

To: _____
Department Contract Manager Name

Date: _____

Contract #: _____

Task Order #: _____

Personnel Request #: _____

The Consultant firm named above hereby requests the Department of Transportation (Department) Contract Manager's approval for the staff actions listed below. A Standard Form 330 for each individual listed is attached.

EMPLOYEE NAME	TITLE/ CLASSIFICATION	HOURLY RATE	LOADED RATE	*DATE FROM	*DATE TO	HOURS	WBS ACTIVITY

* For each employee, include the contract escalation dates for each year.

REASON:

_____

_____

_____

Are any of these employees CalPERS Retirees: ☐ Yes ☐ No **If yes, please provide the following per employee:**

Name: _____ **Agency:** _____ **Date of Retirement:** _____ **Classification:** _____

Requested by:

_____
Prime Consultant Contract Manager **Date**
(Print Name)

_____
Prime Consultant Contract Manager **Date**
(Signature)

Approval Recommended by:

_____
Department Task Manager **Date**

Approved by:

_____
Department Contract Manager **Date**

NOTE: THIS APPROVAL FORM MUST BE COMPLETED PRIOR TO COMMENCEMENT OF WORK BY ADDITIONAL STAFF

STAFF CHANGES SUMMARY

CONTRACT 08AXXXX

Consultant Name: <Prime>

CONTRACT PERIOD OF PERFORMANCE: <Date From - Date To>

As of: <Date>

	Combined %	Fee %
Normal:	0.00%	0.00%
Overtime:	0.00%	0.00%

Escalation %	Year
1.25%	2001
2.00%	2002
3.00%	2003
3.00%	2004

DATE OF REQUEST	DATE APPROVED	DATE EFFECTIVE	NAME OF EMPLOYEE	CLASSIFICATION	RATE	REASON FOR ADDITION
10/30/2001	10/31/2001		A	Asst. Proj. Manager	$ 124.33	Timely coverage in two loc.
11/26/2001	11/27/2001		B	Inspector Range C	$ 103.44	Replace John Doe
1/25/2002	2/25/2002		C	Asst. RE	$ 84.38	Caltrans selection
1/29/2002	2/25/2002		D	Asst. RE	$ 97.61	New hire
2/26/2002	2/26/2002		E	Asst. RE	$ 100.72	Additional Inspector Req.
2/26/2002	2/26/2002		F	Asst. RE	$ 95.27	Additional Inspector Req.
2/26/2002	2/26/2002		G	Asst. RE	$ 81.66	Additional Inspector Req.
3/19/2002	4/2/2002		H	Inspector 1B	$ 95.27	Start up on new project
4/8/2002	4/8/2002		J	Construction Inspector	$ 81.66	Start up on new project
4/8/2002	4/8/2002		K	Construction Inspector	$ 85.75	Start up on new project
4/10/2002	4/10/2002		L	Inspectior B	$ 70.77	Additional Inspector Req.
3/31/2002	4/2/2002		M	Inspector A	$ 80.69	Additional Inspector Req.
1/29/2002	2/25/2002		N	Asst. Project Manager	$ 124.32	Replace Jane Doe
2/26/2002	2/26/2002		O	Inspector 1B/Scheduler	$ 95.27	Caltrans selection
2/26/2002	2/26/2002		P	Scheduler/PE 11B	$ 119.77	Caltrans selection
2/26/2002	2/26/2002		Q	Inspector B	$ 68.05	Caltrans selection
3/19/2002	4/2/2002		R	Inspector 1A	$ 103.44	Additional Inspector Req.
4/8/2002	4/8/2002		S	Technician C	$ 38.11	Caltrans selection
4/8/2002	4/8/2002		T	Constr. Engr. 11C	$ 114.33	Caltrans selection
4/10/2002	4/10/2002		V	Asst. Engr.,Insp.(EWM)	$ 85.32	Additional Inspector Req.
3/31/2002	4/2/2002		W	Inspector 1B	$ 92.55	Additional Inspector Req.

Note: List additional staff cumulatively by consultant.

E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT

(Complete one Section E for each key person.)

12. NAME	13. ROLE IN THIS CONTRACT	14. YEARS EXPERIENCE	
		a. TOTAL	b. WITH CURRENT FIRM
X	X	x	x

15. FIRM NAME AND LOCATION *(City and State)*

X

16. EDUCATION *(DEGREE AND SPECIALIZATION)*	17. CURRENT PROFESSIONAL REGISTRATION *(STATE AND DISCIPLINE)*
X	X

18. OTHER PROFESSIONAL QUALIFICATIONS *(Publications, Organizations, Training, Awards, etc.)*

X

19. RELEVANT PROJECTS

	(1) TITLE AND LOCATION *(City and State)*	(2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	CONSTRUCTION *(If applicable)*
a.	X		
	(3) BRIEF DESCRIPTION *(Brief scope, size, cost, etc.)* AND SPECIFIC ROLE	☒ Check if project performed with current firm	
	X		
b.	(1) TITLE AND LOCATION *(City and State)*	(2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	CONSTRUCTION *(If applicable)*
	X		
	(3) BRIEF DESCRIPTION *(Brief scope, size, cost, etc.)* AND SPECIFIC ROLE	☐ Check if project performed with current firm	
	X		
c.	(1) TITLE AND LOCATION *(City and State)*	(2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	CONSTRUCTION *(If applicable)*
	X		
	(3) BRIEF DESCRIPTION *(Brief scope, size, cost, etc.)* AND SPECIFIC ROLE	☐ Check if project performed with current firm	
	X		
d.	(1) TITLE AND LOCATION *(City and State)*	(2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	CONSTRUCTION *(If applicable)*
	X		
	(3) BRIEF DESCRIPTION *(Brief scope, size, cost, etc.)* AND SPECIFIC ROLE	☐ Check if project performed with current firm	
	X		
e.	(1) TITLE AND LOCATION *(City and State)*	(2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	CONSTRUCTION *(If applicable)*
	X		
	(3) BRIEF DESCRIPTION *(Brief scope, size, cost, etc.)* AND SPECIFIC ROLE	☐ Check if project performed with current firm	
	X		
f.	(1) TITLE AND LOCATION *(City and State)*	(2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	CONSTRUCTION *(If applicable)*
	X		
	(3) BRIEF DESCRIPTION *(Brief scope, size, cost, etc.)* AND SPECIFIC ROLE	☐ Check if project performed with current firm	
	X		

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

FRINGE BENEFIT STATEMENT

CEM-2501 (REV 8/1994)

CONTRACTOR/SUBCONTRACTOR (Please Print)	CONTRACT NUMBER	FEDERAL AID PROJECT NUMBER	DATE

TO: RESIDENT ENGINEER/DISTRICT LABOR COMPLIANCE OFFICER	BUSINESS ADDRESS

The following information (as shown or referenced on wage rate determinations) paid to or on behalf of employees in various crafts or classifications is used to check payrolls or applied to force account work on the above contract.

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE FIRST CERTIFIED PAYROLL, OR WHEN THERE HAVE BEEN ANY CHANGES.

CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	NAME AND ADDRESS OF PLAN, FUND, OR PROGRAM
Effective Date _____ _____ Subsistence and/or Travel Pay: $ _____	Vacation $ _____ Health & Welfare $ _____ Pension $ _____ Apprentice/ Training $ _____ Other $ _____	_____ _____ _____ _____
CLASSIFICATION	**FRINGE BENEFIT HOURLY AMOUNT**	**NAME AND ADDRESS OF PLAN, FUND, OR PROGRAM**
Effective Date _____ _____ Subsistence and/or Travel Pay: $ _____	Vacation $ _____ Health & Welfare $ _____ Pension $ _____ Apprentice/ Training $ _____ Other $ _____	_____ _____ _____ _____
CLASSIFICATION	**FRINGE BENEFIT HOURLY AMOUNT**	**NAME AND ADDRESS OF PLAN, FUND, OR PROGRAM**
Effective Date _____ _____ Subsistence and/or Travel Pay: $ _____	Vacation $ _____ Health & Welfare $ _____ Pension $ _____ Apprentice/ Training $ _____ Other $ _____	_____ _____ _____ _____

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs as listed above.

NAME AND TITLE (Please Print)

SIGNATURE	BUSINESS TELEPHONE NUMBER

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CEM2501

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

STATEMENT OF COMPLIANCE

CEM-2503 (REV 8/1996)

CONTRACTOR/SUBCONTRACTOR	CONTRACT NUMBER
FIRST DAY AND DATE OF PAY PERIOD	LAST DAY AND DATE OF PAY PERIOD

I do hereby certify under penalty of perjury:

(1) That I pay or supervise payment to employees of the above-referenced contractor on the above-referenced contract. All persons employed on said project for the above-referenced time period have been paid their full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said contractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions.

(2) That any payrolls otherwise under this control required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less that the applicable wages rates:

(a) ☐ Specified in the applicable wage determination incorporated into the contract;

(b) ☐ Determined by the Director of Industrial Relations for the county or counties in which the work is performed; that the classification set forth therein for each laborer or mechanic conform with the work he or she performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.

(4) That fringe benefits as listed in the contract:

(a) ☐ Have been or will be paid to the approved plan(s), fund(s), or program(s) for the benefit of listed employee(s), except as noted below.

(b) ☐ Have been paid directly to the listed employee(s), except as noted below.

(c) ☐ See exceptions noted below.

EXCEPTION CRAFT	EXPLANATION

REMARKS:

NAME (PLEASE PRINT.)	TITLE
SIGNATURE	DATE

On federally-funded projects, permissible deductions are defined in title 29, Code of Federal Regulations, part 3, issued by the Secretary of Labor under the Copeland Act, (40 U. S. C. 276c).

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (See section 1001 of title 18 and section 3729 of title 31 of the United States Code).

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

STATEMENT OF COMPLIANCE

CEM-2503 (REV 8/96) INSTRUCTIONS

This statement of compliance meets needs of the state and federal payroll requirements to pay fringe benefits in addition to ment of the minimum rates. The contractor's obligation to pay fringe benefits may be met by payment of the fringes to the various preapproved plans, funds, or programs or by making these payments directly to the employees as part of their weekly wage payments.

The contractor must **show on the face of his or her payroll all monies paid to the employees** whether as basic rates or total hourly wage amount in lieu of fringes. The contractor shall report in the statement of compliance that **he or she is paying to others** fringes required by the contract and not paid directly to the employees in lieu of fringes.

Detailed instructions follow:

Contractors required to pay Federal Wage Rates:

Such a contractor shall check paragraph 2(a) of the statement to indicate that the wage rates for laborers or mechanics contained in the payroll are not less than the applicable wage rates specified in the applicable wage determination incorporated into the contract.

Contractors required to pay the State Prevailing Wage Rates as determined by the Director of Industrial Relations:

Such a contractor shall check paragraph 2(b) of the statement to indicate that the wage rates for laborers or mechanics contained in the payroll are not less than the applicable wage rates determined by the Director of Industrial Relations for the county or counties in which the work is preformed.

Contractor who pay all required fringe benefits:

ontractor who pays fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decisions shall continue to show on the face of his or her payroll the basic hourly rate and overtime rate paid to his or her employees, just as he or she has always done. Such a contractor shall check paragraph 4(a) of the statement to indicate that he or she is also paying approved plans, funds, or programs within the times required for the receipt of those sums, not less than the amount predetermined as fringe benefits for each craft. Any exception shall be noted in Section 4(c).

Contractors who pay no fringe benefits:

A contractor who does not pay fringe benefits to an approved plan shall pay a like amount to the employee. This payment can be reported by inserting in the straight time hourly rate column of his or her payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the applicable wage decision. Inasmuch as it is not necessary to pay time and a half on wages paid in lieu of fringes, the overtime rate shall be not less than one and one-half the basic predetermined rate, plus the required cash in lieu of fringes at the straight time rate. To simplify computation of overtime, it is suggested that the straight time basic rate and payment in lieu of fringes be separately stated in the hourly rate column. In addition, the contractor shall check paragraph 4(b) of the statement to indicate that he or she is paying fringe benefits directly to his or her employees. Any exceptions shall be noted in Section 4(c).

Use of Section 4(c), Exceptions:

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination required is obligated to pay the deficiency directly to the employees as wages in lieu of fringes. Any exceptions to Section 4(a) and 4(b), whichever the contractor may check, shall be entered in Section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid the employees as wages in lieu of fringes, and the hourly amount paid to plans, funds, or programs as fringes.