

**LIVING WAGE ORDINANCE  
 CONTRACTOR COMPLIANCE REPORT**  
 REQUIRED BY SAN DIEGO MUNICIPAL CODE §22.4225(d)

**Firm Name:** \_\_\_\_\_  
**Contract No.:** \_\_\_\_\_ **Contract Name:** \_\_\_\_\_  
**Reporting Period:** \_\_\_\_\_

\*If your firm participates on multiple contracts, complete page 2 for additional contract information.

What is the total number of service workers employed by your firm (include those covered and not covered by LWO)? \_\_\_\_\_ Total service workers

How many of your firm’s workers are paid LWO rates? \_\_\_\_\_ Full-time workers  
 \_\_\_\_\_ Part-time workers

Approximately how many total hours each week are worked on LWO contracts? \_\_\_\_\_ Full-time workers  
 \_\_\_\_\_ Part-time workers

How does your firm pay LWO covered employees’ health benefits?  
 Full cash wage  
 Cash wage + health benefits  
 Employee’s choice

Does your firm offer a health plan to LWO covered employees?  
 Yes       No

If a health plan is offered, how many LWO covered employees receive benefits? \_\_\_\_\_ LWO workers

If a health plan is offered, what is the hourly premium cost?  
 [Note: Hourly cost = monthly premium cost ÷ hours worked per month] \$ \_\_\_\_\_ hourly premium cost

Firms must provide covered employees a minimum of 10 compensated leave days (80 hours) per year. Does your firm comply with this requirement?  Yes       No

If requested, a firm must provide LWO covered employees with up to 10 unpaid leave days (80 hours) off per year. How many workers, if any, received unpaid hours off in this period? \_\_\_\_\_ LWO workers

Does your firm use subcontractors on LWO contracts?  
 If yes, complete page 2 for additional subcontractor information.  Yes       No

Do you need additional assistance in understanding your firm’s LWO obligations?  Yes, I fully understand  
 No, please contact me

**CONTRACTOR CERTIFICATION**

By signing, the contractor certifies under Penalty of Perjury under laws of the State of California that information submitted is true and correct to the best of the contractor’s knowledge.

Name of Signatory	Title of Signatory
Signature	Date

Complete this form and return via Email to: [ContactLWO@sandiego.gov](mailto:ContactLWO@sandiego.gov)

**Note:** A prime contractor is also responsible for ensuring compliance with the requirements of the LWO and submittal of required documents by all subcontractors.

**LIVING WAGE ORDINANCE  
CONTRACTOR COMPLIANCE REPORT  
(CONTINUED – UTILIZE ADDITIONAL PAGES AS NECESSARY)**

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**Subcontractor Name:** \_\_\_\_\_

**Contact Name and Phone Number:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Subcontract Dollar Amount:** \_\_\_\_\_

**Subcontractor Name:** \_\_\_\_\_

**Contact Name and Phone Number:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Subcontract Dollar Amount:** \_\_\_\_\_

**Subcontractor Name:** \_\_\_\_\_

**Contact Name and Phone Number:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Subcontract Dollar Amount:** \_\_\_\_\_

**Subcontractor Name:** \_\_\_\_\_

**Contact Name and Phone Number:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Subcontract Dollar Amount:** \_\_\_\_\_