

EMPLOYEE INFORMATION

County of Ventura
 County Executive Office
 800 South Victoria Avenue
 Ventura, CA 93009-1940

Phone (805) 654-5027, Fax (805) 654-5106 Contract / PO No: _____
 Awarding County Department: _____

Name of Company: _____

Company Phone Number: _____ Prime Contractor: Yes ___ No ___

If no, state the name of the Prime Contractor: _____

Number of employees working on this County Contract and listed on this worksheet: _____

A contractor is required to provide to County Executive Office (CEP) within 30 days of execution:
 1) A list of all subcontractors working under this agreement (Subcontractor Information Form (LW-9) may be used, or you may prepare your own list provided that the required information is included); and 2) Information for each position working under this agreement (both prime contractor and subcontractors, if any). You may complete the form below (add additional sheets as necessary). A completed Subcontractor Declaration of Agreement to Comply with the Living Wage Ordinance (form LW-5b) from each subcontractor subject to the Living Wage Ordinance also must be provided to the CEO within 30 days of execution of the subcontract. Failure to comply with these requirements may result in withholding of payments by the County Auditor/Controller, or a recommendation to the awarding authority for contract termination. All information submitted is subject to verification. Inaccurate information may result in contract termination.

The Living Wage Ordinance requires that employers subject to the Ordinance provide to covered employees: (1) as of July 1, 2013, a wage of at least \$10.50 per hour with health benefits of \$2.00 per hour, or \$12.50 per hour without health benefits (to be adjusted annually); and (2) at least 12 compensated days off per year (includes holidays) for sick leave, vacation, or personal necessity at the employee’s request (pro-rated for part-time employees).

Name:	Date of Hire:
Justification for Non-Covered Employee:	Occupation Classification:
Annual Work Hours:	Employee Pay Rate per hour \$:
Health Benefits Carrier:	Health Benefits paid per hour \$:
What was the hourly rate prior to the application of the Living Wage Ordinance?	

Name:	Date of Hire:
Justification for Non-Covered Employee:	Occupation Classification:
Annual Work Hours:	Employee Pay Rate per hour \$:
Health Benefits Carrier:	Health Benefits paid per hour \$:
What was the hourly rate prior to the application of the Living Wage Ordinance?	

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EMPLOYEE INFORMATION (Cont.)

Name:	Date of Hire:
Justification for Non-Covered Employee:	Occupation Classification:
Annual Work Hours:	Employee Pay Rate per hour \$:
Health Benefits Carrier:	Health Benefits paid per hour \$:
What was the hourly rate prior to the application of the Living Wage Ordinance?	

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Health Benefits Carrier:	Health Benefits paid per hour \$:
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I understand that the employee information provided herein is confidential (pursuant to Public Records Act) and will be used by the County of Ventura, County Executive Office for the purpose of monitoring the implementation of the Living Wage Ordinance.

Print name of person completing this form

Signature of person completing this form

Date

Title