

**CDBG EMPLOYEE RESTITUTION CHECKLIST**

CDBG Project \_\_\_\_\_

Grantee Name \_\_\_\_\_

Applicable State Wage Rates # \_\_\_\_\_

Applicable Federal Wage Rates # \_\_\_\_\_

Name of Contractor \_\_\_\_\_

Date of Payroll with wage error \_\_\_\_\_

**Reason for Error:**

- Wrong hourly amount
- r Wrong classification
- r Wrong wage rate
  - o Used amount from federal, should have been state
  - o Used amount from state, should have been federal
  - o Used wrong wage publication

Name of Employee	Job Classification	Wage Amount Paid	Correct Wage Amount	Amount of Difference	# hours worked in period	Amount Due	Amount of Restitution

Date of Notification to Contractor \_\_\_\_\_

Date of Restitution Made \_\_\_\_\_

**ATTACH THE FOLLOWING DOCUMENTS TO THIS COMPLETED FORM, IF APPLICABLE:**

- Copy of Certified Payroll in error
- Copy of corrected Certified Payroll
- Copy of the notification to contractor
- Copy of correct wage rates, if applicable