



Section 3 Hours Worked Certification

This form is DUE by the 10th of each month.

Business Name: _____

Contract Name: _____

Section 3 Worker Hours:	_____
Targeted Section 3 Worker Hours:	_____
Non-Section 3 Worker Hours:	_____
Total Hours:	_____
Month: _____	Year: _____

Contracts requiring Certified Payrolls will need to attach all payrolls for the reporting period to this certification form.

Print Name: _____

Title: _____

Signature: _____

Date: _____