



The Illinois Prevailing Wage Act Overview Training



Illinois Department of
LABOR

IDOL Background



- State's primary labor standards enforcement agency.
- Enforcement of 25 different workplace protections and safety standards.
- Offices in Chicago, Springfield, Marion.
- Four main divisions.

Why is the Prevailing Wage Law Important?

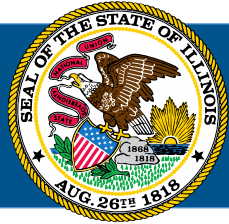


- Sen. James J. Davis (R-PA), Rep. Robert L. Bacon (R-NY) and countless others supported the enactment of the Davis-Bacon Act on the federal level in 1931. It was signed into law by Republican President Herbert Hoover.
- The overwhelming legislative intent of the Act was clear: all construction workers are to be protected from abusive industry practices. Mandating the payment of local, “prevailing” wages on federally-funded construction projects not only stabilized local wage rates and labor standards for local wage earners and local contractors, but also prevented migratory contracting practices which treated workers as exploitable indentured servants.
- The State of Illinois adopted its own prevailing wage law in 1941.
- The law is intended to help local contractors and local workers, keeping local tax dollars circulating through the local economy.

PWA Requires



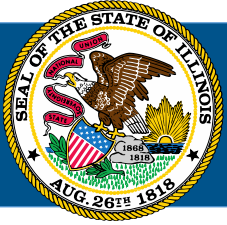
Contractors and subcontractors must pay workers employed **on covered public works projects** no less than the general prevailing rate of wages (hourly cash wages plus fringe benefits) for work of similar character in the locality where the work is performed.



What are Public Works?

- All fixed works constructed by any public body.
- Work financed in whole OR part with public funds, including but not limited to general revenue funds; capital funds; bonds; grants; and loans.
- Renewable energy projects required to pay prevailing wage pursuant to the Illinois Power Agency Act.
 - Includes solar in Illinois Shines/Adjustable Block program after 9/15/21.
 - Exclusions for residential and houses of worship.
- Construction projects performed by a third-party contracted by any public utility.

Prevailing Wage Act – IDOL Duties



- Ascertain Prevailing Wages through the annual survey process.
- Collect certified transcripts of payroll records through online portal.
- Issue required workforce data reports.
- Take and investigate complaints of prevailing wage noncompliance and collect back wages and penalties for workers.

What are “prevailing” wages?



- Rates that “prevail” for each craft and trade ascertained in June.
- New rates, by trade and county, published to IDOL website each July.
- Section 9 hearings to challenge any rate determination.
- New trade classifications established through hearings.

Prevailing Wage Act – Payroll Records



Certified transcript of payroll (820 ILCS 130/5)

- Certified transcript of payroll must be filed in the Department's online database by the 15th of the following month.
- Any contractor and each subcontractor who participate in a public works project must make and keep supporting time and payroll records for 5 years.
- Members of the public may create account to upload or search:
<https://labor.illinois.gov/laws-rules/conmed/certifiedtranscriptofpayroll.html>

Workforce Data Reporting



- Various laws requires IDOL to analyze certified transcript of payroll to report on workforce characteristics on public works projects:
 - IL Works report
 - Clean Energy project report to Illinois Power Agency
 - PA 103-347 requires that beginning in January 2024, the Illinois Department of Labor is required to report quarterly to the General Assembly and the Governor the number of people employed on public works in the State during the preceding 3 months. This report shall also identify every public works project in the State by project name and contractor name and the demographic characteristics of the workers on the project, including gender, race, and ethnicity, broken down by the following categories: (i) type of trade; (ii) whether the worker is a journey worker or apprentice; and (iii) total work hours performed.

Prevailing Wage Act - Enforcement



- IDOL receives complaints and conducts investigations.
- Violators pay workers the difference between the wage paid and the prevailing wage.
- Majority of investigations resolved informally.
- Contractors may be subject to penalties, punitive damages, and debarment.

Notification Requirements

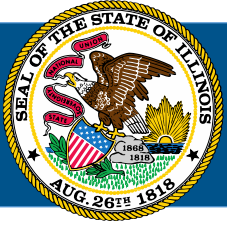


Applies to both Public Bodies and Contractors!!!!

Section 4 of the Act requires both public bodies and higher tiered contractors to provide written notification that Prevailing Wages are to be paid on covered public works projects.

If written notification is not provided, fines and penalties fall upon the party that fails to notify. Back wages still paid by contractor.

Challenging Trades



- Landscaping
- Truck Driving
- New Industries
- Out of State Contractors

Certified Transcript of Payroll



Illinois Department of Labor

Contact

dol.certifiedpayroll@illinois.gov

contact: 312-793-3600

(monitored 9:00 am to 5:00 pm Monday-Friday)

Login Page

1 Creating an Illinois Public ID Account

- You will need to create an Illinois Public ID Account.
- To create an Illinois Public ID Account click <https://www2.illinois.gov/sites/accounts/Pages/default.aspx>
- Click "Create a new Account" and complete the registration form.
- Once your account is created, continue with the instructions below

2 Certified Transcript of Payroll Portal

- After your Illinois Public ID Account is created you can access the certified transcript of payroll portal using the URL: <https://webapps.illinois.gov/DOL/PayrollCertification/>
- After clicking the link above, select "Public Account" and login using the username/password you just created.

ILLINOIS.gov
Authentication Portal

Sign in with one of these accounts



Public Account



Partner Account



Employee Account

Pay Period

All fields marked with asterisk(*) are required

Payroll Start Date* : The start date of the pay period (01/01/2021)

Payroll End Date* : The end date of the pay period (01/01/2021)

Contractor Number* : Contractor license number or FEIN that a contractor is operating their business legally.

Project Number* : A unique number or short name assigned to the project

Project Address* : Location of the project Ex -: 900 S Spring Street

Project City* : City of the project Ex -: Springfield

Project State* : State of the project Ex -: Illinois

Project County* : County of the project: Sangamon

Project Zip Code* : zip code Ex -: 62704

Agency*: If project is performed for a state agency, choose appropriately. If the public body is not an agency, choose "Not a State Agency"

State Capital Fund or Rebuild Illinois Project: Checkbox

No Work Report: Checkbox for payrolls with no time to report.

Certified Transcript of Payroll

Import Process →

Pay Period

Payroll Start Date*
Payroll Start Date

Payroll End Date*
Payroll End Date

Contractor Number or FEIN*
Contractor Number or FEIN

Project Address*
Project Address

Project State*
-- Select a state --

Project Zip Code*
Zip

Project Number or Name*
Project Number or Name

Project City*
Project City

Project County*
Project County

Project Agency*
Project Agency

Is your project funded, in whole or part, by state capital funds?

No Work Report

Save & Continue

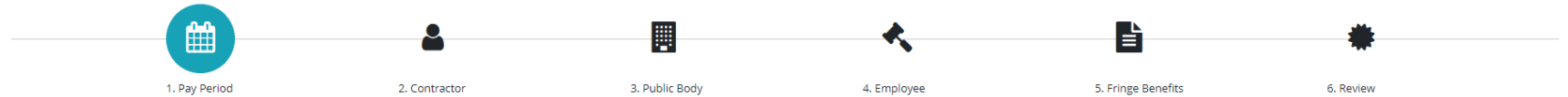
Full Import Process

The full import process allows you to upload all of the required fields with a CSV file. You can download the template.

Requirements:

1. CSV File
2. Follow Template's Column Names
3. Data in appropriate format
(See Template)

Certified Transcript of Payroll



Import Process →

In order to properly import all of the certified transcript of payroll data, you need to follow a very specific format. The file must be a .CSV file. To ensure you are using the proper format, please download the template.

Download

To ensure data integrity, please keep the columns in the order provided. When you use the Excel template, provided in the download, save it as a CSV before attempting an upload. The columns have dropdowns for specific fields, for data validation, that help those who manually enter the data.

Import File

Choose File No file chosen

Upload

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	PayrollSta	PayrollEnd	ContractNumber	ProjectNu	ProjectAddress	ProjectCounty	ProjectCountyFIPSCode	ProjectCity	ProjectState	ProjectZip5	Zip4	RebuildIllinois	CompanyName
2	7/1/2020	7/15/2020	First	Last	900 S Spring St			Springfield	IL	62704			1 IL Dept of Labor

Contractor and/or Subcontractor

All fields marked with asterisk(*) are required

Company Name* : Contractor Company Name

Contact First Name* : First Name of Contact person

Contact Middle Name : Middle Name of Contact person.

Contact Last Name* : Last Name of Contact person for project

Postal Address* : Location of the project Ex -: 900 S Spring Street

City* : City of the project Ex -: Springfield

State* : State of the project Ex -: Illinois

Zip* : zip code Ex -: 62704

Primary Phone* : Phone number of the contractor

Secondary Phone : Secondary number of the contractor

Primary Email* : Primary Email of the contractor

Secondary Email : Secondary email of the contractor

*The PDF reports of the completed certified payroll will be sent to the primary and secondary email addresses in this section.

Contractor and/or Subcontractor

Company Name*

Cure With Paint

Contact First Name*

Scott

Contact Middle Name

Contact Middle Name

Contact Last Name*

Allen

Postal Address*

900 S SPRING ST

City*

SPRINGFIELD

State*

Illinois

Zip*

62703

Primary Phone*

(217) 345-6888

Secondary Phone

() -

Primary Email*

scott.allen@gmail.com

Secondary Email

|

Previous

Save & Continue

Public Body Information

All fields marked with asterisk(*) are required

Public Body Name* : Public body name

Contact First Name : First name of public body contact person

Contact Middle Name : Middle name

Contact Last Name : Last name of public body contact person

Postal Address* : Location of the project Ex -: 900 S Spring Street

City*: City of the project Ex : Springfield

State* : State of the project Ex : Illinois

Zip* : zip code Ex : 62704

Primary Phone -: Phone number of the public body contact person

Secondary Phone -: Secondary number of the public body contact person

Public Body Information

Public Body Name*	Contact First Name
<input type="text" value="School"/>	<input type="text" value="Contact First Name"/>
Contact Middle Name	Contact Last Name
<input type="text" value="Contact Middle Name"/>	<input type="text" value="Contact Last Name"/>
Postal Address*	City*
<input type="text" value="1 UNIVERSITY PLZ"/>	<input type="text" value="SPRINGFIELD"/>
State*	Zip*
<input type="text" value="Illinois"/>	<input type="text" value="62704"/>
Primary Phone	Secondary Phone
<input type="text" value="() _-__"/>	<input type="text" value="() _-__"/>

Employee Details

Certified Transcript of Payroll



1. Pay Period



2. Contractor



3. Public Body



4. Employee



5. Fringe Benefits



6. Review

All fields marked with asterisk(*) are required

Fill all the required fields.

Enter work classification details.

Click on save to save the employee details.

If you want to add another employee repeat the same process.

Add all employees associated with this payroll.

Employee Details

First Name* <input type="text" value="First Name"/>	Middle Name <input type="text" value="Middle Name"/>	Last Name* <input type="text" value="Last Name"/>	
Postal Address* <input type="text" value="Postal Address"/>	City* <input type="text" value="City"/>	State* <input type="text" value="-- Select a state --"/>	Zip* <input type="text" value="Zip"/>
Primary Phone* <input type="text" value="Phone Number"/>	Last 4SSN* <input type="text" value="Last 4SSN"/>	Work Classification* <input type="text" value="Work Classification"/>	
Gender* <input type="text" value="-- Select a Gender --"/>	Ethnicity* <input type="text" value="-- Select Ethnicity --"/>	Race* <input type="text" value="-- Select Race --"/>	
Is Veteran* <input type="radio"/> Yes <input type="radio"/> No			
Apprentice <input type="checkbox"/>			
Journeyman <input type="checkbox"/>			
Foreman <input type="checkbox"/>			
No Work to Report <input type="checkbox"/>			

Ethnicity*

-- Select Ethnicity --
Hispanic or Latino
Not Hispanic or Latino

Race*

-- Select Race --
White
Black or African American
American Indian or Alaska Native
Asian
Native Hawaiian or Other Pacific Islander

Employee Details Continued...

Hours Worked	Hours worked each day							Total Straight Time Hours	Total OT Hours	Double Time Hours	Hourly Wage Rat
	MON	TUE	WED	THR	FRI	SAT	SUN				
Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Non Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



Hourly Fringe Benefit :

Pension Retirement

Health Insurance Welfare

Vacation

Training

Save

Employees

Name	Last 4 SSN	Work Classification	Delete
------	------------	---------------------	--------

No Employees have been entered.

Previous

Save & Continue





Note: You have not added any employees to this payroll.

Saved Employee Details

1 At the end of the page, we can see the saved employee details

2 Click on  to edit or view the employee details

3 Click on save and continue to save the employee details.

Employees				
	Name	Last 4 SSN	Work Classification	Delete
	Andy	1233	Associate	
	Andrew	6666	It Consultant	

Previous

Save & Continue



Employee Roster

The Employee roster section is a repository for all your most recent employees that you have added to a payroll.

Select the question mark for instructions as needed.

Click on the plus icon to autofill the employee's information to the fields below.

To update the record, just select the plus icon and make necessary adjustments. When you save the employee, their information will be ready for the next payroll.

Employee Details

Employee Roster ⓘ

Show entries Search:

First Name	Last Name	Last 4 of SSN	
Todd	Labor	1235	⊕ 🗑
Timothy	Labor	1230	⊕ 🗑
Timothy	Doe	1231	⊕ 🗑
Kyle	Labor	1233	⊕ 🗑
Josh	Wheels	1231	⊕ 🗑
Jeremy	Reeses	1231	⊕ 🗑

Showing 1 to 6 of 6 entries Previous **1** Next

First Name* **Middle Name** **Last Name***

Employee Roster Instructions (?)

Employee Roster Instructions ×

To Add An Employee To Your Payroll

Click the plus sign next to an employee in your roster to pull their personal data into the form below. Review to make sure no information has changed.

To Add An Employee To Your Roster

Any employee that is submitted as part of a payroll will automatically be added to your roster. There is currently no other method to add employees to your roster.

To Edit An Employee On Your Roster

After pulling an employee from your roster, simply edit the data to match their new information prior to saving the employee. We will update the employee in your roster with the new information. If their name or SSN change, we will not remove the old employee from your roster and you will have to do so manually.

To Remove An Employee From Your Roster

Click on the trash can below or on the roster page of your profile to remove an employee from your roster. If you remove an employee from your roster, but then submit them on a new payroll, they will be added back to your roster.

Fringe Benefits

You must submit a document, unless it is a No Work Report. The notification will not be in the lower right corner if No Work Report is checked in the pay period section.

Certified Transcript of Payroll



1. Pay Period



2. Contractor



3. Public Body



4. Employee



5. Fringe Benefits



6. Review

Fringe Benefits

820 ILCS 130/5(a)(1) Certified Payroll.

In addition to the provided information, we also must obtain (xvii) the name and address of each fringe benefit fund, (xviii) the plan sponsor of each fringe benefit, if applicable, and (xix) the plan administrator of each fringe benefit. Here we have provided a template that you can download and attach to this section.

Fringe Benefit Template

Fringe Benefit Documents

Browse...

Upload

Uploaded Fringe Benefit Documents

File Name	File Type	Date Uploaded
No files have been uploaded.		

Previous

Save & Continue

***You must submit a document to continue.**

Note: No Work reports do not require fringe benefit documents.



Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: _____

I, _____,
(name signatory party)

_____, do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project _____;

(name of project)

that during the payroll period commencing on the day of _____,

(day) (month) (year)

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

(name of contractor or subcontractor)

from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature

Digital Signature _____

FRINGES

Health Fund _____

Health Address _____

Health Sponsor _____

Health Admin _____

Pension Fund _____

Pension Address _____

Pension Sponsor _____

Pension Admin _____

401(k) Fund _____

401(k) Address _____

401(k) Sponsor _____

401(k) Admin _____

Vacation Fund _____

Vacation Address _____

Vacation Sponsor _____

Vacation Admin _____

SUBCONTRACTORS

[Print Form](#)

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: _____

Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Company Name: _____

Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Company Name: _____

Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Company Name: _____

Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Review Page

Review

Pay Period

Pay Period 3/1/2020 to 3/15/2020
Contract Number C456789
Project Number P12345
ProjectAddress 1673 SEVEN PINES RD
 SPRINGFIELD, IL 62704

Contractor or Subcontractor

Company Name Moore Concrete Inc
Contact First Name Jason Keller
Primary Phone 2174567899
Postal Address 900 S SPRING ST
 SPRINGFIELD, IL 62704

Public Body Information

Public Body Name School
Contact First Name Andrew Oldfield
Primary Phone 2174589652
PostalAddress 900 S SPRING ST
 SPRINGFIELD, IL 62703

Employee

Report hours for each day, including overtime hours, list hourly prevailing wage rate and hourly fringe benefits allotments

Employee Name David Foraker Last 4SSN 1234 Primary Phone 2174589652 Work Classification Finisher Postal Address 900 S SPRING ST SPRINGFIELD, IL 62704	Hours worked each day								Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
	Hours Worked	SUN	MON	TUE	WED	THR	FRI	SAT					GROSS	NET
	Prevailing	0.00	6.00	4.00	6.00	8.00	8.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Non Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Pension Retirement \$4.00		Health Insurance Welfare \$4.00				Vacation \$4.00		Training \$4.00					

Employee Name Dennis Boshell Last 4SSN 4563 Primary Phone 2174589632 Work Classification Laborer Postal Address 900 S SPRING ST SPRINGFIELD, IL 62704	Hours worked each day								Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
	Hours Worked	SUN	MON	TUE	WED	THR	FRI	SAT					GROSS	NET
	Prevailing	0.00	8.00	8.00	8.00	8.00	8.00	8.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Non Prevailing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Pension Retirement \$4.00		Health Insurance Welfare \$4.00				Vacation \$4.00		Training \$4.00					

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Certified By

Do agree with certification*

First and Last Name

Previous

Certify

Review Page

Click on Do agree with certification and enter the First Name (Space) Last Name to certify the certificate

Click on previous to go back to previous screens

Click on certify to submit the payroll

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Certified By

Do agree with certification*

Previous

Certify



Confirmation Page



Confirmation

THANK YOU for the submission of your payroll. Please read the following message carefully

Certified Transaction of payroll has been submitted. The case number for this submission is 21-CTP-000004

[Create Another Payroll](#)

Save the CTP Number for further reference

An email will be sent with the same information to the primary and secondary contractor email addresses



What are Best Practices as Public Bodies



- DO tell your construction contractors that public works projects are subject to the Prevailing Wage Act.
- DO review the prevailing wage rates in your county.
- DO require your construction contractors to provide you proof of certified payrolls on your projects.
- DO call IDOL with questions. We preach compliance first, we do not want to be a punitive agency.
- DO check our searchable database for all certified payrolls in the state: <https://labor.illinois.gov/laws-rules/conmed/prevailing-wage-searchable-database.html>

Thank You



dol.certifiedpayroll@illinois.gov.

contact: 312-793-3600

(monitored 9:00 am to 5:00 pm Monday-Friday)

Contact