

NO WORK PERFORMED

I hereby certify by my signature below that no employee worked on the construction of the project indicated below for the period noted:

Project Name and Number:		Consecutive Payroll Number:
For the period starting on:	and ending on:	
Contractor's or Subcontractor's Name and Address:		
Authorized Signature:*	Title:	Date:

***Note:** The person signing this form must be the individual authorized to sign payroll documents, and have been appointed as such by an authorized officer of a corporation, by a member of a partnership, or by the sole proprietor of the contractor or subcontractor. The appointment must have been formalized by completion of a "Certificate from Contractor Appointing Officer or Employee to Supervise Payment of Employees."