# 4A-7, 4A-8, and 4A-9 Review, Reject, and Approve a Payroll (Prime Approver Role)



# Details

**Responsible Parties** 

• Prime Contractor (prime approver role)

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# **Procedure Objective**

This document is intended to assist the prime approver role of the Prime Contractor on how to review certified payrolls in LCPtracker to ultimately approve or reject the payroll. The Prime Contractor must ensure projects are set up in LCPtracker (see process guide 4A-1 Confirm Set Up in LCPtracker) before certified payrolls can be submitted and ultimately reviewed.

# **System Procedures**

Jump to process guide step <u>4A-7 "Review Payroll"</u> (click the link & select "bookmark") Jump to process flow step <u>4A-8 "Reject Payroll"</u> (click the link & select "bookmark") Jump to process flow step <u>4A-9 "Approve Payroll"</u> (click the link & select "bookmark")

# Process Guide 4A-7 "Review Payroll"

- The Prime Contractor is responsible for the compliance of all certified payrolls on the contract (to include the Prime Contractor and all subcontractor payrolls). See the CDOT website regarding resources for payroll compliance -<u>https://www.codot.gov/business/civilrights/compliance/construction/payroll</u>
- 2. Go to <u>lcptracker.net</u>. The supported browsers are Mozilla, Google Chrome, Microsoft Edge, and Opera.
- 3. Enter Username and Password then click "Next."

LCPtracker	×
Log in to your account	
Username or Contractor License*	
CONTINUE	
Do you have any issue? <u>Contact S</u>	upport
Tip: If you are trying to access your contractor role, try entering contractor license to	g your Iog in.

- 4. There are several components of eDocuments within LCPtracker that need to be reviewed.
  - a) The prime approver shall check eDocuments to ensure the Contractor Fringe Benefit Statement (CFBS) is present and complete for the first payroll submitted for all contractors.
    - i) If fringe benefits are used to meet prevailing wage, the prime approver shall also upload the company's fringe benefit declaration worksheet (either using the CDOT template or the company's worksheet that shows the calculation of an hourly fringe rate) in eDocuments.
    - ii) If the contractor is using an unfunded fringe benefit plan to meet prevailing wage, an approval letter of the unfunded plan from DOL is required to be uploaded in eDocuments. If a DOL approval letter is not provided, the certified payroll shall be rejected.
  - b) Included on the payroll, all other deductions shall be detailed by type and amount within the "Other Deduction Notes." Review the <u>Guidance on Deductions for</u> <u>Construction Projects Requiring Certified Payrolls</u> to identify allowable DOL deductions and any required supporting documentation to be uploaded in eDocuments. The prime approver shall review all required supporting documentation in eDocuments to ensure that they are present, if appropriate, and match the deduction being taken.
    - A US DOL approval letter is required for any type of deduction that does not fall under the payroll deductions that are listed as permissible (29 CFR § 3.5). The DOL approval letter will need to be dated prior to deduction being taken. If the letter is not present, the payroll shall be rejected.
- 5. To view documents uploaded in eDocuments, click on the "eDocuments" tab. Click "View Documents."

Projects Certifications Violations	Reports Admin eDocuments Set Up
eDocuments Main Menu	
Upload Documents	Download Document Templates
View Documents	

6. Use the drop-down boxes to populate the information to view the documents, then click "Load Data."

#### COLORADO DOT

Projects Certifications	Violations Reports Admin	eDocuments Set Up											
View Documents		/											
Department	Default Depart 🗙 🔻												
Project Include Closed Projects	999999 - CDOT Test Pr × V												
Contractor	ABC Testing	X *											
Sub To   Contract ID	CDOT TEST CONTRACTOR - DO NOT ASSIGN TO PROJ × •												
Document Type	Contractor Fringe Benefit Statem	nent 🔻											
Status	All Statuses 🔹												
Document Date Filter	Submitted Date Filter	Employee Name											
Start Date	Start Date	All Employees 🔹											
End Date	End Date												
Load Data													

7. Under the "View Document" column, click "View Document."

				Displaying 2 uploaded docume							
Project		Document Date		Sub To   Contract ID	Submitted	Status	Employee Name	Employee Linked	Notice Linked	View Details	
99999 - CDOT Test Project	Contractor Fringe Benefit Statement	01/25/2020	ABC Testing	CDOT TEST CONTRACTOR - DO NOT ASSIGN TO PROJECTS	01/30/2020		DUCK, DONALD	YES	NO	Details	View
99999 - CDOT Test Project	Contractor Fringe Benefit Statement	02/01/2020	ABC Testing	CDOT TEST CONTRACTOR - DO NOT ASSIGN TO PROJECTS	02/03/2020		DOE, JOHN	YES	NO	Details	View

8. The following is an example of the Contractor Fringe Benefit Statement (CFBS).

COLORADO DEPAI	RTN DR	FRINGE B	SPORTATION	EMENT (CFBS	6)								
Section A. Contractor	r/Pro	ject Information		-	-								
1. Project (S/A) #:			2. Project Name:		3. Date of Form Submission:								
4. Name of Person Completing Form:			5. Phone # of Person Completing Form:		6. Day of the Week the Payroll Begins:								
7. Day of the Week the Payroll Ends:			8. Is the Reporting Contractor an Owner-Operator? If yes, submit the Owner Affidavit in LCPtracker.										
Section B. Company	Ben	efits											
9. How are employees	com	pensated in regard	d to fringe benefits as re	quired by US DOL Prevail	ing Wage Decision(s)?								
a. Cash ONLY		Yes No	Are fringe benefits pair cash benefits cover the required. If 9a, of this t LCPtracker.	d exclusively in cash and e entire prevailing wage a form, is checked "yes," ma	no company (fringe) bene mount, no further comple ark 4(b) on the Statement	efits are provided? If the tion of this form is of Compliance (SOC) in							
b. Prevailing wage is n by counting company fringe benefits, or the combination of compar fringe benefits and cas	net ' ny sh	Yes No	<ul> <li>If company fringe benefits are provided to employees to meet prevailing wage, or if company fringe benefits are paid in combination with cash payments to meet prevailing wage, complet Sections C and/or D of this form.</li> <li>If 9b is checked yes, upload the company's fringe benefit declaration worksheet in eDocuments in LCPtracker. (This sheet is something that the company will demonstrate how the company fringe benefits are calculated to an hourly rate. If the company does not have this, employers must fill out CDOT's Fringe Benefit Declaration Worksheet.)</li> <li>If 9b, of this form, is checked "yes," and only company fringe benefits are paid, mark 4(a) on the SOC in LCPtracker. If a combination of cash and company fringe benefits are paid to</li> </ul>										
c. Prevailing wage is m without counting company fringe benefit	net ts	Yes No	Company fringe bene only payments.     If 9c is checked "yes Sections C and D of Declaration Workshe throughout the proje prevailing wage, the Declaration Workshe If 9c, of this form, is on the payroll, check	," company fringe benefits this form are not required eet is not required to be up ct and the counting of con contractor shall submit ar eet, and report the compan checked "yes," and the co s 4(b) on the SOC in LCPt	byees, but, prevailing wag shall <u>not</u> be reported on to be completed, and the oloaded in LCPtracker. If upany fringe benefits are u updated CFBS and Con ny fringe benefit(s) in LCF mpany fringe benefits are racker.	e i <u>s met with cash</u> the certified payroll. Fringe Benefit this changes necessary to meet tractor Fringe Benefit Ptracker. e not being reported							

9. If box 9b. is marked "yes" on the CFBS and company fringe benefits are reported on the certified payroll, review the company's fringe benefit declaration worksheet in eDocuments.

	B	د CDOT C	°ON.	۰ TRAC	F CTOR F	RING	E BENE	FIT DE	CLARA		I WO	RKSH	N HEET	0	P	Q
Section 1: Contractor In	formation			Section 2: 0	Contractor Com	ments	Houri	ly fringe benefi	t values in Re	ed Highlight	ed Column	s (O,R,V,X) :	should be re	eported in	LCPtracker	as hourly
A. Date Submitted: B. Contractor Name: C. Contact Name: D. Contact Phone #: E. Contact Email: Section 3: Contractor Fri	inge Benefit L	Data By Employee														
A. Name (Last, First)	ployee Inforr B. Employee ID #	C. Hire Date (MM/DD/YYYY)	D. Wage Rate Off Site	E. TOTAL HOURLY FRINGE VALUE	F. HEALTH - Company Monthly Premium	G. HEALTH- Employee Monthly Co- Premium	Only report HEA either F & G o BOT H. SELF FUNDED HEALTH ONLY- Company Monthly Fixed Cost	"All H& ALTH data for r H & I (NOT H) I. SELF FUNDED HEALTH ONLY- Company Monthly Variable Cost	W" Fringe Ben J. Subtotal Health - Company Monthly Cost	efits K. Dental - Company Monthly Premium	L. Life - Company Monthly Premium	M. Disability - Company Monthly Premium	N. Other Health - Company Monthly Premium	O. Total Hourly H&W Fringe	"All Pensi P. Hourly Pension	on" Fringe Q. % 401K
Day, Danny	7521	9/7/2004	\$ 26.00	\$ 23.99	\$ 244.29				\$ 244.29	\$ 35.51	\$ 3.38		\$ 5.02	\$ 1.67	\$ 20.00	\$ 0.02

**Note:** The contractor can use the company fringe benefit declaration worksheet template located in eDocuments within LCPtracker (as shown above) or another worksheet provided by the company that demonstrates how the company fringe benefits are calculated to an hourly rate.

10. To review the certified payroll, click on the "Certifications" tab.

Projects Certifica	ions Violations	Reports	Admin	eDocuments	Set Up	
Certifications						
Department	All Departments	Ŧ				
Project Include Closed	All Projects	*				
Contractor	All Contractors					
Sub To   Contract ID	All Assignments	Ŧ				

11. Use the drop-down boxes to populate the information necessary to view the applicable certified payroll, and then click "Load Data."

Certifications			
Department	Default Depart 🗙 💌		
Project Include Closed	99999 - CDOT Test Pr × •		
Contractor	ABC Testing	×	•
Sub To   Contract ID	CDOT TEST CONTRACTOR - DO NOT ASSIGN TO PROJ	×	•
Load Data			

12. A list of payrolls will populate.

Delete	Contractor	Project	<u>Sub To</u>	Contract	<u>Week</u> End	<u>Payroll</u> <u>No</u>	Performing?	<u>Submitted</u>	View CPR	Prime Approval	Approved	Accept Status	Accepted	<u>Final</u>	View Details
Delete	ABC Testing	99999 - CDOT Test Project	CDOT TEST CONTRACTOR - DO NOT ASSIGN TO PROJECTS		1/25/2020	1	YES	1/30/2020	PDF	Approved •	1/30/2020	ACCEPTED •	1/30/2020	No 🔻	Details
Delete	ABC Testing	99999 - CDOT Test Project	CDOT TEST CONTRACTOR - DO NOT ASSIGN TO PROJECTS		1/18/2020	1	NO	2/5/2020	PDF	•		Submitted 🔹		No 🔻	<u>Details</u>

13. To view the applicable payroll, click "PDF" under "View CPR."

<b>Submitted</b>	View CPR	Prime Approval
1/30/2020	PDF	Approved <b>*</b>
2/3/2020	PDF	Approved <b>•</b>

14. The following is an example of a payroll record:

CO Depar Trans	COLORADO Department of Transportation											) PAYR	OLL R	EPORTI	NG FO	RM						Fe	bruary 07, 2020 Page 1 of 2
NAME OF CONTRACTOR :ABC Testing Sub To: CDOT TEST CONTRACTOR - DO N Subcontractor to CDOT TEST CONTRACTO		CONTR SPECI/ FEDEF	LACTOR	ES LICE CENSE N K ID#: 84	iSE No. io, 1-00000	. 7206680 11	1367		ADDRESS : PHONE: 720 EMAIL: mo	2829 W How 6680367 nica.vialpando	ard Place 1st Flo @state.co.us	or, Denver, CO	80204		PROJECT LO Multiple_Loci	CATION/ CO ations / C9999	DE / NAME : 9 / 99999 - CE	OT Test Proje	a a				
PAYROLL No. 2	YROLL No. 2 FOR WEEK ENDING: 02/01/2020 SUBMITTED ON: February 07.20								PERMIT	No.	UNION Non-Union	SELF-INS WORKER	URED CERT	IFICATE No, LICY :									
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER		WORK CLASSIFICATION, LOCATION AND TYPE			н	OURS	VORKED	EACH	DAY		TOTAL HOURS	TAL BASE GROSS AMOUNT URS HOURLY EARNED RATE					D	EDUCTION .	CONTRIBUTI	ION AND PAY	MENTS		
DOE, JOHN Emp_14: JDOE		LOCATION AND TYPE LABORER / 1042 - Laborer: Common or General / Type: Highway			1/27/20	1/28/20	1/29/20	1/30/20	1/31/20	2/1/20	TOTAL HOURS THIS	BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.
,			-	S	M	т	W 2.50	TH	F	S	PROJECT	18.000		479,140	24.000	29.700	6.950	11.000	0.000	0.000	0.000	71.650	1234
XXX-XX-1234	_		0					1.00	$\vdash$	<u> </u>	0.00	27.000	63.000		Vac/Dues	Trav. Subs.	Health & Welfare	Pension	Vacation Holiday	Training	All Other	Total Fringes Paid to 3rd	Net Paid Week
	0	Adams County, CO (C012) WD: CO160016	D									0.000			0.000	0.000	11.235	0.000	2.625	0.000	0.000	13.860	407.490
All or Part of Fringes	s Pai	d to Employee:										Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate + Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Paynoll Payment Date
YES		Vacation. F Voluntary Cor	tolidan ttribut	v and Du ions in C	es in Gro iross Pay:	NO	NO					0.000	0.000	21.960	0.000	0.000	3.210	0.000	0.750	0.000	0.000	3.960	2/7/20
TOTAL STANDARD HOURS :		3.50 T	OTAL	. 1.5 OT	HOURS		0.00	,				тот	AL 2.0 OT H	OURS:	0.00			GR	AND TOTAL	HOURS:	3.5	0	

- 15. Once opened, compare the information submitted within the payroll record to the submittals located in eDocuments such as: CFBS, Contractor Fringe Benefit Declaration Worksheet (if applicable), DOL approval letters (for deductions or unfunded fringe benefits), and all supporting documentation for other deductions.
- 16. Steps 17-21 demonstrate how to <u>REJECT</u> a payroll within LCPtracker.

Steps 22-23 demonstrates how to <u>APPROVE</u> a payroll within LCPtracker.

## Process Guide Step 4A-8 - Reject Payroll

17. Using the pictures below as examples, review the information. At initial glance, the information contained in Picture A may look acceptable. However, when Picture B and Picture C are compared, there is an issue with the manner in which the contractor has filled out the Contractor Fringe Benefit Statement (CFBS). Picture B (on the payroll) displays a fringe benefit being credited to reach prevailing wage; however, the details are not spelled out within the CFBS document to determine compliance -- specifically, the contractor does not acknowledge how they are reaching prevailing wage. More information is required to be included on the CFBS in order to allow the fringe benefit credit to be taken. Also, if the contractor is using an unfunded fringe benefit plan to meet prevailing wage (most common: vacation/holiday/sick leave), a DOL approval letter for the unfunded plan is required to be uploaded in eDocuments. If a DOL approval letter is not provided, the unfunded fringe benefit is not allowed to be taken as credit toward meeting prevailing wage and restitution will be owed.

If any components of the certified payroll are out of compliance, the payroll shall be rejected.

Inconsistencies between the payroll and the CFBS and/or the eDocuments are common issues that result in the rejection of a payroll.

Example: Reject a payroll- Picture A: the complete payroll record



#### WEEKLY CERTIFIED PAYROLL REPORTING FORM

NAME OF CONTRACTOR :ABC Testing Sub To: CDOT TEST CONTRACTOR - D		CONT SPECE	RACTO ALTY LI	R'S LICE? ICENSE ?	NSE No, No,	720668	0367		ADDRESS: 2829 W Howard Place 1st Floor, Denver, CO 80204 PHONE: 7206680367							PROJECT LOCATION/ CODE / NAME : Multiple: Locations / C99999 - CDOT Test Project								
Subcontractor to CDOT TEST CONTRAC	TOR	- DO NO	TASSIGN TO PROJECT	s		FEDE	RAL TA	X ID#: 84	4-00000	И			EMAIL: mo	nica.vialpande	@state.co.us									
PAYROLL No. 2	2020		MO	TOR CA	RRIER F	PERMIT	No.	UNION Non-Union	SELF-INS WORKER	SURED CERT RS' COMP. PO	IFICATE No. LICY :													
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHINICITY, GENDER UCATION AND TYPE							HOURS WORKED EACH DAY					TOTAL HOURS	BASE GROSS AMOUNT HOURLY EARNED RATE					DI	EDUCTION .	CONTRIBUTI	ION AND PAY	MENTS		
DOE, JOHN Emp_ld: JDOE	EX	LABORI Common Highway	R / 1042 - Laborer: or General / Type:		1/26/20	1/27/20	1/28/20	1/29/20	1/30/20	1/31/20	2/1/20	TOTAL HOURS THIS	BASE HOURLY RATE	THES	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes	Other	Savings	Total Deduction	Check No.
	E L								TH	F	S	PROJECT	OF PAY			24.000 25	29.700	6.950	11.000	0.000	0.000	0.000	71.650	1234
XXX-XX-1234	-			s	-		-	2.50	1.00	-	-	3.50	27.000	67.000	479.140	Vac/Dues	Trav. Subs.	Health & Welfare	Pension	Vacation Holiday	Training	All Other	Total Fringes Paid to 3rd	Net Paid Week
	0	Adams ( WD: C	County, CO (C012) D160016	D			<u> </u>	<u> </u>	$\vdash$	$\vdash$		<u> </u>	0.000			0.000	0.000	11.235	0.000	2.625	0.000	0.000	13.860	407.490
All or Part of Fri	nges Pi	aid to Emp	bloyee:				. Para	NO					Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate + Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date
YES			Voluntary Cor	ntribut	tions in C	iross Pay	NO						0.000	0.000	21.960	0.000	0.000	3.210	0.000	0.750	0.000	0.000	3.960	2/7/20
TOTAL STANDARD HOURS :		3.50	т	OTAL	1.5 01	HOURS	S:	0.0	0				тот	AL 2.0 OT H	OURS:	0.00			GR	AND TOTAL	HOURS:	3.5	0	

## Example: Reject a Payroll- Picture B: zoomed in payroll record showing fringe benefits.

20 01	i : 2829 W Howard Place 1st Floor, Denver, CO 80204 206680367 onica.vialpando@state.co.us					PROJECT LOCATION/ CODE / NAME : Multiple_Locations / C99999 / 99999 - CDOT Test Project								
SURED CERTIFICATE No. RS' COMP. POLICY :														
	GROSS EAI	AMOUNT RNED			DI	EDUCTION .	CONTRIBUTI	ON AND PAY	MENTS					
	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.			
		170.140	24.000	29.700	6.950	11.000	0.000	0.000	0.000	71.650	1234			
)	63.000	479.140	Vac/Dues	Trav. Subs.	Health & Welfare	Pension	Vacation Holiday	Training	All Other	Total Fringes Paid to 3rd	Net Paid Week			
)			0.000	0.000	11.235	0.000	2.625	0.000	0.000	13.860	407.490			
	Total in Lieu of Fringes	Total Base Rate + Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date			
)	0.000	21.960	0.000	0.000	3.210	0.000	0.750	0.000	0.000	3.960	2/7/20			

TAL 2.0 OT HOURS:	0.00

GRAND TOTAL HOURS:

N

3.50

Picture C: Contractor Fringe Benefit Statement

CONTRACTO	OR FRINGE E	BENEFIT STAT	EMENT (CFBS	5)						
Section A. Contractor	/Project Information			-						
1. Project (S/A) #:	99999	2. Project Name:	Testing Project	3. Date of Form Submission:	1	/1/24				
4. Name of Person Completing Form:	Jane Doe	5. Phone # of Person Completing Form:	720-111-1111	<ol><li>Day of the W Payroll Begins:</li></ol>	eek the	Nonday				
7. Day of the Week he Payroll Ends:	Sunday	8. Is the Reporting Co Owner Affidavit in LCF	ntractor an Owner-Operat Ptracker.	or? If yes, submi	t the	Yes 🖌 No				
Section B. Company	Benefits						1			
. How are employees	compensated in rega	rd to fringe benefits as re	quired by US DOL Prevail	ing Wage Decis	ion(s)?					
a. Cash ONLY	Yes	Are fringe benefits pai cash benefits cover th required. If 9a, of this t	d exclusively in cash and e entire prevailing wage a form, is checked "yes," ma	no company (frin mount, no furthe ark 4(b) on the S	ige) benefits r completior tatement of	are provided? If the of this form is Compliance (SOC) in				
b. Prevailing wage is n by <u>counting</u> company fringe benefits, or the combination of compar fringe benefits and cas	<ul> <li>LCPtracker.</li> <li>If company fringe benefits are provided to employees to meet prevailing wage, or if company fringe benefits are paid in combination with cash payments to meet prevailing wage, complete Sections C and/or D of this form.</li> <li>If 9b is checked yes, upload the company's fringe benefit declaration worksheet in eDocuments in LCPtracker. (This sheet is something that the company will demonstrate how the company fringe benefits are calculated to an hourly rate. If the company does not have this, employers must fill out CDOT's Fringe Benefit Declaration Worksheet.)</li> <li>If 9b, of this form, is checked 'yes," and only company fringe benefits are paid to the SOC in LCPtracker. If a combination of cash and company fringe benefits are paid to the SOC in LCPtracker.</li> </ul>									
c. Prevailing wage is m without counting company fringe benefit	et Yes s No	Company fringe ben- only payments.     If 9c is checked "yes Sections C and D of Declaration Worksh throughout the proje prevailing wage, the Declaration Workshe If 9c, of this form, is on the payroll. check	efits are provided to emple ," company fringe benefits this form are not required eet is not required to be up ct and the counting of con contractor shall submit ar eet, and report the compan checked 'yes," and the co c 4(b) on the SOC in L CP+							
Definition of Fringe B	enefit Plan						-			
<ul> <li>Insurance: Life, F</li> <li>Pension and 401</li> <li>Examples of items not</li> <li>Deductions requi</li> <li>Personal use of a</li> <li>Holiday cash bor</li> <li>Suggestion awar</li> <li>Recruitment bon</li> <li>Tools and other r</li> <li>Cost of furnishing</li> </ul>	is are described in de leath, dental K considered bona fide red by law such as tai a company vehicle us or food item ds uses a laundering, and mai	fringe benefits include, b kes, social security, work	ut are not limited to the foi er's compensation, or une er's performance of the contract	Iowing: mployment com ntract	pensation					
<ul> <li>Cost of rumisning wear those items</li> </ul>	, iaunuenng, anu mai	intaining uniforms of equi	ipment where the contract	or requires the e	mpioyee to					
<ul> <li>Cost of social fur</li> </ul>	nctions, association du	ues, paid coffee breaks					1			
Section C. Funded Fr	inge Benefit Plans						]			
10. Funded Fringe Ben (If additional space is r	efit Plans Provided by eeded, a supplement	/ the Contractor al page may be attached	to this form when submitt	ed)						
a. Type of Benefit	I	o. Provider Name	c. Provide	r Address	d. Provid	der Phone Number	-			
11 Liet balow a	II Unfunded / 6	olf funded Fring	o Bonofit Plane D	rovided by:	the Cont	tractor DEOL				
self-funded heal	th insurance pla	ns, retirement pla	ns, vacation, holida	y, sick leave	e, etc.)					
		a. Type of Be	nefit			(A	b. USDOL Approval Date ttach Approval in LCPtracker)			
						(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

### Steps 18- demonstrate how to reject a payroll within LCPtracker.

18. To reject a payroll, the process will be completed within the "Certifications" tab. The first step is to change the prime approver role to the blank option. The prime approver will be required to review and approve the payroll after the payroll has been resubmitted. The second step is (under the "Accept Status" column) to use the drop-down to select "REJECTED." When the status of "REJECTED" is selected, a window will pop up asking if you are sure you want to change the accept status. Click "Yes."

**Note:** The prime approver will only use the "Accept Status" column to report a rejected payroll. The prime approver shall not select any other option other than "Rejected" in this drop-down menu.

~	
Approved	_
Accept Status	
REJECTED V	
Permit Edit 🗸	
ACCEPTED V	
ACCEPTED V	
ACCEPTED V	
REJECTED V	
Accept Status	
Are you sure you want to o status?	change the accept
	Yes No

- 19. Once the certified payroll is rejected, the system will have a prompt to enter a reason for the rejection. Because of system limitations, for the admin notice (the rejection of the payroll), it is important to include the following information:
  - a. the initials of the person rejecting payroll
  - b. the date that the rejection was made
  - c. the week end date of the rejected payroll
  - d. the specific violation(s)
  - e. the requirement of the subcontractor to respond to the admin notice (when resolved) if the rejection is due to documents to be uploaded only and not the requirement to recertify the payroll record and
  - f. the date that the corrections are due (seven days from the date that it was rejected). Click "OK."



20. A window will pop up with results that the contractor has been emailed. Click "OK."

Results	×
The contractor has been emailed regardir status change.	ng this
	ОК

- 21. When the prime approver rejects the payroll please consider the following items:
  - a. If rejection results in resubmission of payroll:

If there is a problem with the actual payroll (for example: insufficient wages, incorrect classification, or lack of delineation by type or amount for "Other Deductions", etc.), the admin notice for the rejection shall accompany the requirements outlined in step 19 of this process guide. Once the payroll is re-submitted, the prime approver will need to again complete their checking procedures in the Process Guide 4A.7. It is up to the person that rejects the payroll to ensure the re-submission of payroll occurs.

### b. If rejection does NOT result in resubmission of payroll:

If the payroll is rejected because of a lack of documentation (through e-Documents), the admin notice for the rejection shall accompany the requirements outlined in step 19 of this process guide. It is essential that you also outline that the contractor reply directly to the rejected payroll admin notice once the requested documents/information is uploaded in e-Documents. Click OK. Once the prime approver receives the admin notice reply from the subcontractor, s/he can then

review the requested documents and follow the process for 4A7 to review the payroll.

### 22. When the payroll has been resubmitted after rejection:

Once the contractor has edited and resubmitted the payroll, the prime approver will again review the payroll. The "Accept Status" will automatically be changed to "Resubmitted" when the contractor has edited and recertified their payroll. Next steps depend on the status of the resubmitted payroll.

a) **Noncompliant.** If the contractor's CPR is still noncompliant after resubmission, the prime approver will select "REJECTED" in the "Accept Status" again and enter a new admin notice with the criteria requirements outlined in step 19 of this process guide.

b) **Payroll not resubmitted.** If the contractor does not resubmit the CPR after the seven (7) day due date, the prime approver will enter a new admin notice outlining the unresolved issues with a new seven day due date for correction. The prime approver shall also follow up with an email to the contractor that is out of compliance.

c) **Compliant.** If the payroll is corrected and all supporting documentation has been reviewed to determine compliance, under "Prime Approval," select "Approved." The prime approver will not change anything in the "Accept Status" at this point- it should remain as "Resubmitted."

d) **Payroll Lacking Supporting Documentation ONLY**. If the issue with the rejected payroll is solely a problem with supporting documentation (and not with the actual payroll), the contractor shall not be required to resubmit the certified payroll once they have uploaded the requested supporting documentation in eDocuments. The contractor shall respond to the admin notice so that the prime approver knows when the issue has been resolved, and they can then go into the payroll to review it again. If the supporting documentation is not sufficient or acceptable, then the prime approver should create another admin notice with the deadline of seven (7) days outlining expectations as previously detailed. If the supporting documentation is sufficient, then the prime approver should notify the person approving payrolls (PE role) so that said person can review the payroll and change the accept status from "rejected" to "accepted."

The contractor submitting the corrected payroll shall include a comment in the "Remarks" field on the payroll indicating details of the appropriate documentation that was attached in edocs.

The prime approver and subcontractor will continue to follow these steps until all payrolls are complete and approved.

**Note:** Long term issues with noncompliant payrolls are grounds for withholding progress estimates. Please ensure that problematic payrolls are quickly resolved by all parties.

23. The prime approver has successfully completed the payroll rejection process.

## Process Guide Step 4A-9 - Approve Payroll

24. Using the pictures below as examples, review the information. In reviewing Picture A and Picture B, one can see that a fringe benefit has been credited toward prevailing wage for health and wellness. Picture C shows that the CFBS includes details regarding the bona fide fringe benefit. There is also a copy of the Contractor Fringe Benefit Declaration Worksheet that reflects the hourly fringe benefit amount reported on the certified payroll. If all other

payroll criteria from the LCPtracker Review Payroll Checklist is acceptable, including that the payroll and supporting documentation match, the next step would be to approve the payroll.

## Example: Approve a Payroll

## Picture A: the complete payroll record

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NAME OF CONTRACTOR AND Forming Sub To: COOT FEST CONTRACTOR - DO NOT ASSIGN TO PROJECTS Mediation and the COOT FEST CONTRACTOR - DO NOT ASSIGN TO PROJECTS ////////////////////////////////////						0367	ADDRESS : 2829 W Howard Place 1st Floor, Denver, CO 80204 PROJECT L PHONE: 7206680367 Multiple_Lo EMAIL: monica.vialpando@jstate.co.us						PROJECT LO Multiple_Loca	JECT LOCATION/ CODE / NAME : ple_Locations / C99999 / 99999 - CDOT Test Project									
PAYROLL No. 2		FOR WEEK ENDING: SUBMITTED ON: Febru	02/01/ ary 01	2020 7, 2020		MO	TOR CA	RRIER	PERMIT	No.	UNION Non-Union	SELF-INS WORKER	SURED CERT RS' COMP. PO	IFICATE No. LICY :									
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER		WORK CLASSIFICATION, LOCATION AND TYPE			н	HOURS WORKED EACH DAY					TOTAL HOURS	BASE HOURLY RATE	GROSS	AMOUNT RNED			D	DEDUCTION . CONTRIBUTION AND PAYMENTS					
DOE, JOHN Imp_ld JDOE	EXE	LABORER / 1042 - Laborer: Common or General / Type: Highway		1/26/20	1/27/20 M	1/28/20 T	1/29/20 W	1/30/20 TH	1/31/20 F	2/1/20	TOTAL HOURS THIS PROJECT	BASE HOURLY RATE OF PAY	THES PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.
, XXX-XX-1234	NPT .		s				2.50	1.00			3.50	18.000		479.140	24.000 Vac/Dues	29.700 Tray.	6.950 Health	11.000 Pension	0.000 Vacation	0.000 Training	0.000 All Other	71.650 Total Fringes	1234 Net Paid
	0	Adams County, CO (C012)	0				-	-	-			27.000	63.000		0.000	Subs.	& Welfare	0.000	Holiday	0.000	0.000	Paid to 3rd	Week
All or Part of Fri YES	WD: C0160016         D           All or Part of Fringers Paid to Employee: YES         Vacction. Holdow and Doos in Gross Pare: NO Volontary Contributions in Gross Pare: NO											Rate in Lieu of Fringes: 0.000	Total in Lieu of Fringes 0.000	Total Base Rate + Fringes 21.960	Volustary Pension 0.000	Volustary Medical 0.000	H&W Rate 3.210	Pension Rate 0.000	Vac Hol Rate 0.750	Training Rate 0.000	All Other Rate 0.000	Total Fringe Rate to 3rd 3.960	Payroll Payment Date 2/7/20
TOTAL STANDARD HOURS :		3.50	тота	L 1.5 OT	HOURS	k	0.0	0				тот	AL 2.0 OT H	OURS:	0.00			GR	AND TOTAL	HOURS:	3.5	0	

Picture B: zoomed in payroll record showing fringe benefits.

ADDRESS : PHONE: 720 EMAIL: mor SELF-INS	2829 W How 6680367 hica.vialpando	ard Place 1st Flo @state.co.us IFICATE No,	or, Denver, CO	80204		PROJECT LO Multiple_Loca	CATION/ CO ations / C99999	DE / NAME : 9 / 99999 - CE	OOT Test Proje	ct	
ADDRESS : 2829 W Howard Place 1st Floor, Denver, CO 80204 PHONE: 7206680367 EMAIL: monica.vialpando@state.co.us SELF-INSURED CERTIFICATE No. WORKERS' COMP. POLICY : BASE HOURLY RATF DE THIS PROJECT ALL PROJECTS ALL PROJECTS ALL PROJECTS ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ALL PROJECTS ATP. ATP. ALL PROJECTS ATP. ALL ALL PROJECTS ATP. ALL ALL ALL ALL ALL ALL ALL AL											
BASE HOURLY RATE	GROSS EA	AMOUNT RNED			D	EDUCTION .	CONTRIBUT	ION AND PAY	MENTS		
BASE HOURLY RATE	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.
18.000		170 1 10	24.000	29.700	6.950	11.000	0.000	0.000	0.000	71.650	1234
27.000	63.000	479.140	Vac/Dues	Trav. Subs.	Health & Welfare	Pension	Vacation Holiday	Training	All Other	Total Fringes Paid to 3rd	Net Paid Week
0.000			0.000	0.000	11.235	0.000	2.625	0.000	0.000	13.860	407.490
Rate in Lieu of Fringes:	Total in Lieu of Fringes	Total Base Rate + Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date
0.000	0.000	21.960	0.000	0.000	3.210	0.000	0.750	0.000	0.000	3.960	2/7/20

Picture C: CFBS and Fringe Benefit Declaration Worksheet

COLORADO DEPA				0)	
CONTRACTO	DR FRINGE B	ENEFIT STAT	EMENT (CFB	<u>s)</u>	
Section A. Contractor	r/Project Information	1			
1. Project (S/A) #:	99999	2. Project Name:	Testing Projec	t 3. Date of Form Submission:	1/1/24
4. Name of Person Completing Form:	Jane Doe	5. Phone # of Person Completing Form:	720-111-111	6. Day of the Wee Payroll Begins:	Monday
7. Day of the Week the Payroll Ends:	Sunday	8. Is the Reporting Cor Owner Affidavit in LCF	ntractor an Owner-Oper tracker.	ator? If yes, submit the	he Yes 🖌 No
Section B. Company	Benefits				
9. How are employees	compensated in regard	I to fringe benefits as re	quired by US DOL Prev	ailing Wage Decisior	n(s)?
a. Cash ONLY	Yes No	Are fringe benefits pair cash benefits cover the required. If 9a, of this t LCPtracker.	d exclusively in cash an e entire prevailing wage form, is checked "yes,"	d no company (fringe amount, no further c mark 4(b) on the Stat	e) benefits are provided? If the completion of this form is tement of Compliance (SOC) in
b. Prevailing wage is n <u>by counting</u> company fringe benefits, or the combination of compar fringe benefits and cas	net ny No	<ul> <li>If company fringe be fringe benefits are p Sections C and/or D</li> <li>If 9b is checked yes, eDocuments in LCPt the company fringe b this, employers must</li> <li>If 9b, of this form, is the SOC in LCPtrack meet the prevailing v</li> </ul>	nefits are provided to e aid in combination with of this form. upload the company's racker. (This sheet is s enefits are calculated t fill out CDOT's Fringe checked "yes," and only ter. If a combination of vage, mark 4(a) and 4(t	mployees to meet pre- cash payments to me ininge benefit declara omething that the cor o an hourly rate. If the Benefit Declaration V v company fringe ben cash and company fri o) on the SOC.	evailing wage, or if company eet prevailing wage, complete tion worksheet in mpany will demonstrate how e company does not have Vorksheet.) lefits are paid, mark 4(a) on inge benefits are paid to
c. Prevailing wage is n <u>without counting</u> company fringe benefit	net Yes Is Ves	<ul> <li>Company fringe bene- only payments.</li> <li>If 9c is checked "yes Sections C and D of Declaration Workshe throughout the projet prevailing wage, the Declaration Workshe</li> <li>If 9c, of this form, is of on the payroll, check</li> </ul>	rits are provided to em ," company fringe bene this form are not requir et is not required to be ct and the counting of c contractor shall submit et, and report the comp checked "yes," and the 4(b) on the SOC in LC	ployees, but, prevailin fits shall <u>not</u> be repor ed to be completed, a uploaded in LCPtrac ompany fringe benefi an updated CFBS ar any fringe benefit(s) company fringe bene Ptracker.	ng wage i <u>s met with cash</u> rted on the certified payroll. and the Fringe Benefit ker. If this changes its are necessary to meet d Contractor Fringe Benefit in LCPtracker. fits are not being reported
<ul> <li>Definition of Fringe B</li> <li>Bona fide fringe benefi</li> <li>Insurance: Life, I</li> <li>Pension and 401</li> <li>Examples of items not</li> <li>Deductions requ</li> <li>Personal use of a</li> <li>Holiday cash bor</li> <li>Suggestion awar</li> <li>Recruitment bon</li> <li>Tools and other if</li> <li>Cost of furnishim, wear those items</li> </ul>	enefit Plan ts are described in deta realth, dental K considered bona fide fr ired by law such as taxe a company vehicle nus or food item rds uses materials or services in- g, laundering, and main s	ail in the DOL Field Open inge benefits include, bu es, social security, worke cidental to the employee taining uniforms or equi	ration Handbook, 15f11 ut are not limited to the er's compensation, or u s's performance of the o pment where the contra	, and include: following: nemployment compe ontract ictor requires the em	nsation ployee to
Cost of Social ful	ingo Bonofit Dione	ss, paid conee breaks			
10. Eunded Eringe Ber	nige Denerit Plans	the Contractor			
(If additional space is r	needed, a supplemental	page may be attached	to this form when subm	itted)	
a. Type of Benefit	b.	Provider Name	c. Provi	der Address	d. Provider Phone Number
Health Insurance	e Anthem B	Blue Cross Blue Shiel	d 2345 Healthy Wa	y, Denver, CO 802024	800-567-5363
	"Previous edi	tions are obsolute and may	not be used." Contrac	tor Fringe Benefit Staten	nent [09/24] Page 1

		CDOT C	ON	TR	40	CTOR F	RING	E BENE	FIT DE	CLARA				
								Hourl	ly fringe benefi	it values in Re	ed Highlight			
Section 1: Contractor Information					Section 2: Contractor Comments									
A. Date Submitted:	A. Date Submitted: 1/1/2024													
B. Contractor Name:		ABC Testing												
Contact Name: Testing Project														
Contact Phone #: 720-111-1111														
E. Contact Email:	Ja	ne.doe@gmail.com												
Section 3: Contractor Fr	inge Benefit D	oata By Employee												
En	ployee Inforn	nation							"All H&	W" Fringe Ben	efits			
A. Name (Last, First)	B. Employee ID	C. Hire Date	D. Wage Rate Off	E. TOTAL HOURLY FRINGE VALUE		F. HEALTH - Company	G. HEALTH- Employee	either F & G or H & I (NOT BOTH) H. SELF FUNDED		J. Subtotal Health -	K. Dental - Company			
	•	(1919) (1919)	Site			Premium	Premium	HEALTH ONLY- Company Monthly Fixed Cost	Company Monthly Variable	Monthly Cost	Premium			
John Smith	123455	1/1/2022	\$ 18.00	\$ 3	3.21	\$ 555.00				\$ 555.00				
				\$	-					\$-				
				\$	-					\$ -				
				\$	-					\$ -				
				s	-					\$ -				
				\$	-					\$ -				
				\$	-					\$ -				

25. In the "Certifications" tab under the prime approval column, use the drop-down to select "Approved." A window will pop up asking, "Are sure you want to change the accept status?" Select "Yes."



26. The prime approver has successfully reviewed, accepted, and rejected a payroll.