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



# Details

Responsible Parties

• Prime Contractor (prime approver role)

Revision Date of this Document June 2025

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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"

- 1. 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 <a href="https://www.codot.gov/business/civilrights/compliance/construction/payroll">https://www.codot.gov/business/civilrights/compliance/construction/payroll</a>
- 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	

- 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 × •	
Contractor	ABC Testing	X *
Sub To   Contract ID	CDOT TEST CONTRACTOR - DO N	NOT ASSIGN TO PROJ × •
Document Type	Contractor Fringe Benefit Statem	ent 🔻
Status	All Statuses 🔹	
Document Date Filter	Submitted Date Filter	Employee Name
Start Date	Start Date	All Employees 🔹
End Date	End Date	<b></b>
Load Data		

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

				Displaying 2 uploaded docume	ints						
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				EMENT (CFBS	5)	
Section A. Contractor	r/Pro	ject Information	I.			
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 Co Owner Affidavit in LCF	ntractor an Owner-Operat Ptracker.	or? If yes, submit the	Yes No
Section B. Company	Ben	efits				
9. How are employees	com	pensated in rega	rd to fringe benefits as re	quired by US DOL Prevail	ing Wage Decision(s)?	
a. Cash ONLY		Yes No	cash benefits cover the required. If 9a, of this the LCPtracker.	d exclusively in cash and e entire prevailing wage a form, is checked "yes," ma	mount, no further comple ark 4(b) on the Statement	tion of this form is of Compliance (SOC) in
b. Prevailing wage is n by counting fringe benefits, or the combination of compar fringe benefits and cas	ny	Yes No	fringe benefits are pa Sections C and/or D If 9b is checked yes, eDocuments in LCPI the company fringe L this, employers must If 9b, of this form, is the SOC in LCPtrack	nefits are provided to emp aid in combination with ca- of this form. upload the company's frir tracker. (This sheet is som penefits are calculated to a fill out CDOT's Fringe Be checked "yes," and only c ter. If a combination of ca- vage, mark 4(a) and 4(b) of the combination of the tracker.	sh payments to meet pre- nge benefit declaration we tething that the company an hourly rate. If the com- nefit Declaration Worksh ompany fringe benefits a sh and company fringe be	vailing wage, complete orksheet in will demonstrate how oany does not have eet.) re paid, mark 4(a) on
c. Prevailing wage is n without counting company fringe benefit		Yes No	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	efits are provided to emplo ," 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 4 (b) on the SOC in LCPt	shall <u>not</u> be reported on to be completed, and the oloaded in LCPtracker. If upany fringe benefits are updated CFBS and Con y fringe benefit(s) in LCF mpany fringe benefits are	the certified payroll. Fringe Benefit this changes necessary to meet tractor Fringe Benefit Ptracker.

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.

A 100 S	В	د CDOT C	D CON	TRAC	F	RING	E BENE	FIT DE	CLARA		I WO	RKSH	N IEET	0	P	Q
							Hourl	ly fringe benefi	t values in R	ed Highlight	ed Column	s (O,R,V,X) s	should be re	eported in	LCPtracker	as hourl
Section 1: Contractor Inj	formation			Section 2: 0	Contractor Com	nments										
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														
Em	ployee Inform	nation						"All H&	W" Fringe Ber	refits					"All Pensi	on" Fring
A. Name (Last, First)	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	ALTH data for r H & I (NOT H) I. SELF FUNDED HEALTH ONLY- Company Monthly Variable	J. Subtotal Health - Company Monthly Cost	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	P. Hourly Pension	Q. % 401)
· · · · · · · · · · · · · · · · · · ·	-		Ψ.		<b>*</b>	-	Tixed Cost	Cost 🗾	Ψ.	-	-	-	-	-	-	
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
				\$ -					\$ -					5 -		

**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.

Certifications					
Department	All Departments	T			
Project Include Closed	All Projects	*			
Contractor	All Contractors				Ŧ
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	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.

There are	5 certification	records found for the abo	ive selection.												
Delete	Contractor	Project	<u>Sub To</u>	Contract ID	<u>Week</u> End	Payroll <u>No</u>	Performing?		View CPR	Prime Approval	Approved	Accept Status	Accepted	<u>Final</u>	View Details
Delete			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 🔻	<u>Details</u>
Delete			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 V
2/3/2020	PDF	Approved •

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

Dep	art	<b>ORADO</b> ment of ortation					,	WEB	EKLY	CER	TIFIED	) 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 Subcontractor to CDOT TEST CONTRAC			rs		CONTR SPECIA FEDER	LTYL	CENSE ?	No.		0367		ADDRESS : PHONE: 720 EMAIL: mo	06680367	ard Place 1st Flo @state.co.us	or, Denver, CO	80204			CATION/ CO ations / C9999		OT Test Proje	a a	
PAYROLL No. 2		FOR WEEK ENDING: ( SUBMITTED ON: Febru				мо	TOR CA	RRIERI	PERMIT	No.	UNION Non-Union		SURED CERT										
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER		WORK CLASSIFICATION, LOCATION AND TYPE			н	OURS	VORKEE	EACH	DAY		TOTAL HOURS	BASE HOURLY RATE		AMOUNT RNED			D	EDUCTION .	CONTRIBUTI	ION AND PAY	MENTS		
DOE, JOHN Emp_14: JDOE	EXE	LABORER / 1042 - Laborer: Common or General / Type: Highway		1/26/20		1/28/20	-	1/30/20	1/31/20		TOTAL HOURS THIS	BASE HOURLY RATE OF PAY	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.
,	MPT		s	S	M	т	W 2.50	TH 1.00	F	S	PROJECT 3.50	18.000		479,140	24.000	29.700	6.950	11.000	0.000	0.000	0.000	71.650	1234
XXX-XX-1234	_	Adams County, CO (C012)	0	-			2.00	1.00	-		3.34	27.000	63.000	1,5,110	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						$\square$			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 Pa											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. I Voluntary Co					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	INTOTAL	. 1.5 OT	HOURS		0.0	0				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	O NO	T ASSIG	N TO PROJECTS					es lice cense ?		7206680	0367		ADDRESS : 2829 W Howard Place 1st Floor, Denver, CO 80204 PHONE: 7206680367							PROJECT LOCATION/ CODE / NAME : Multiple Locations / C99999 / 99999 - CDOT Test Project					
Subcontractor to CDOT TEST CONTRAC	TOR	- DO NO	TASSIGN TO PROJECT	s		FEDE	RAL TA	X ID#: 84	4-00000	1			EMAIL: mo	nica.vialpande	@state.co.us										
PAYROLL No. 2			FOR WEEK ENDING: 0 SUBMITTED ON: Februar				MO	TOR CA	RRIER PERMIT No. UNION Non-Unio					SURED CERT RS' COMP. PO											
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER	ICENSE, ETHNICITY, GENDER CLASSIFICATION, LOCATION AND TYPE							VORKEE	) EACH	DAY	TOTAL HOURS		BASE GROSS AMOUNT HOURLY EARNED RATE				D	DEDUCTION . CONTRIBUTION AND PAYMENTS							
DOE, JOHN Emp_14: JDOE	EXE	Commo	Lanozza (192) Lahouri Common or Geometri (192) Lahouri Ingleway (192) Lahouri (192) La											Federal Tax	Social Security	Medicare	State Tax	Local Taxes	Other	Savings	Total Deduction	Check No.			
,	EMP				S	М	т	w	TH	F	S		OF PAY 18.000	-		24.000	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			479.140	Vac/Dues	Trav.	Health	Pension	Vacation	Training	All Other	Total Fringes	Net Paid	
		Adams	County, CO (C012)	0									27.000	63.000			Subs.	& Welfare		Holiday			Paid to 3rd	Week	
			0160016	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 Fri	nges P	aid to Em											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			Vacation. H Voluntary Con					NO					0.000	0.000	21.960	0.000	0.000	3.210	0.000	0.750	0.000	0.000		2/7/20	
TOTAL STANDARD HOURS :		3.50	т	OTAL	. 1.5 OT	HOURS		0.0	0				тот	AL 2.0 OT H	OURS:	0.00			GR	AND TOTAL	HOURS:	3.5	10		

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

20	2829 W Howa 6680367 nica.vialpando	ard Place 1st Flo @state.co.us		PROJECT LOCATION/ CODE / NAME : Multiple_Locations / C99999 / 99999 - CDOT Test Project										
	URED CERT													
		AMOUNT RNED			DI	EDUCTION . CONTRIBUTION AND PAYMENTS								
	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.			
D		479,140	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			
l.	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				
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	cash benefits cover th	d exclusively in cash and e entire prevailing wage a form, is checked "yes," ma	mount, no furthe	r completior	of this form is	
b. Prevailing wage is n by <u>counting</u> company fringe benefits, or the combination of compar fringe benefits and cas	Yes No	If company fringe be fringe benefits are p. Sections C and/or D If 9b is checked yes, eDocuments in LCP the company fringe I this, employers must If 9b, of this form, is the SOC in LCPtrack	nefits are provided to emp aid in combination with ca of this form. upload the company's frir tracker. (This sheet is son benefits are calculated to ; fill out CDOT's Fringe Be checked "yes," and only c ker. If a combination of ca wage, mark 4(a) and 4(b)	sh payments to r nge benefit decla bething that the c an hourly rate. If nefit Declaration ompany fringe b sh and company	meet prevail aration works company will the compan o Worksheet enefits are p	ing wage, complete sheet in I demonstrate how ly does not have .) paid, mark 4(a) on	
c. Prevailing wage is m without counting company fringe benefit		s met with cash e certified payroll. inge Benefit e changes sessary to meet ctor Fringe Benefit toker. st being reported					
Definition of Fringe B	enefit Plan		4(b) on the SOC in LCPt				-
Insurance: Life, F Pension and 401 Examples of items not Deductions requi Personal use of a Holiday cash bor Suggestion awar Recruitment bom Tools and other items	ealth, dental K considered bona fide red by law such as ta: a company vehicle rus or food item ds ises materials or services in	fringe benefits include, b kes, social security, work	ration Handbook, 15f11, a ut are not limited to the foi er's compensation, or une er's performance of the cor ipment where the contract	lowing: mployment com ntract			
wear those items		intaining uniforms of equi	ipment where the contract	or requires the e	mpioyee to		
		ues, paid coffee breaks					1
Section C. Funded Fr	inge Benefit Plans						]
10. Funded Fringe Ben (If additional space is r			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	JIRES USDOL APPROVAL (unfur
			ns, vacation, holida				
		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 🗸	
Permit Edit 🗸	
ACCEPTED V	
ACCEPTED V	
ACCEPTED V	
REJECTED 🗸	
Accept Status	
Are you sure you want to a 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 regard status change.	ding 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

Dep	art	. O R ment o ortatio						1	NE	EKLY	CER	TIFIED	) PAYR	OLL R	EPORT	ING FO	RM						Fe	ebruary 07, 202 Page 1 of
NAME OF CONTRACTOR JAIL Taining CONTRACTOR JULY TAINE No. 7044803 Sub To: CODT TEST CONTRACTOR - DO NOT ASSIGN TO PROJECTS SPECIALTY LICENSE No. Subcontractor to CODT TEST CONTRACTOR - DO NOT ASSIGN TO PROJECTS FEDEral TAX JOB: 84-000001							367 ADDRESS : 2829 W Howard Place 1st Floor, Denver, CO 80204 PHONE: 7206680367 EMAIL: monica.vinJpando@state.co.us							PROJECT LOCATION/ CODE / NAME : Multiple_Locations / C99999 / 99999 - CDOT Test Project										
PAYROLL No. 2 FOR WEEK ENDING: 02/01/2020 SUBMITTED ON: February 07, 2020						MO	TOR CA	RRIERI	PERMIT	No.	UNION Non-Union		SURED CERT											
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER			WORK ASSIFICATION, ATION AND TYPE			HOURS WORKED EACH DAY						TOTAL HOURS	BASE HOURLY RATE		AMOUNT RNED			D	DEDUCTION . CONTRIBUTION AND PAYMENTS					
DOE, JOHN Emp_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	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	MPT	МИТ		s				2.50	1.00	Ĺ		3.50	18.000		479.140	24.000 Vic/Dues	29.700 Trav.	6.950 Health	Pension	0.000 Vacation	0.000 Training	0.000 All Other	71.650 Total Fringes	1234 Net Paid
	(	Adams Cour WD: CO16	inty, CO (C012)	O D			_	-	$\vdash$	-			27.000	63.000		0.000	Sabs. 0.000	& Welfare 11.235	0.000	Holiday 2.625	0.000	0.000	Paid to 3rd 13.860	Week 407.490
All or Part of Fri YES	inges P	aid to Employe	vee: Vacation. He Voluntary Cont					NO					Rate in Lieu of Fringes: 0.000	Total in Lieu of Fringes 0.000	Total Base Rate + Fringes 21.960	Voluntary Pension 0.000	Voluntary 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 Paymont Date 2/7/20
						,																		
TOTAL STANDARD HOURS :		3.50	тс	DTAL	. 1.5 OT	HOURS	6	0.0	)				тот	AL 2.0 OT H	OURS:	0.00			GR	AND TOTAL	HOURS:	3.3	50	

Picture B: zoomed in payroll record showing fringe benefits.

PHONE: 720		ard Place 1st Flo @state.co.us	0 80204	I	PROJECT LOCATION/ CODE / NAME : Multiple_Locations / C99999 / 99999 - CDOT Test Project							
	URED CERT											
BASE HOURLY RATE		AMOUNT RNED		D	EDUCTION . (	CONTRIBUT	ON AND PAY	MENTS				
BASE HOURLY RATE OF PAY	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Medicare Security		State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.	
18.000		479,140	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 DEPARTMENT OF TRANSPORTATION CONTRACTOR FRINGE BENEFIT STATEMENT (CFBS)												
		ENEFIT STAT	EMENT (CFB	S)								
Section A. Contractor	r/Project Information	1										
1. Project (S/A) #:	99999	2. Project Name:	Testing Projec		1/1/24							
4. Name of Person Completing Form:	Jane Doe	5. Phone # of Person Completing Form:	720-111-111	6. Day of the Week Payroll Begins:	<sup>the</sup> Monday							
7. Day of the Week the Payroll Ends:	Sunday	8. Is the Reporting Co Owner Affidavit in LCF	ntractor an Owner-Ope tracker.	ator? If yes, submit the	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 Decision(	s)?							
a. Cash ONLY	Yes No	cash benefits cover the required. If 9a, of this f LCPtracker.	e entire prevailing wage orm, is checked "yes,"	amount, no further co mark 4(b) on the State	ment of Compliance (SOC) in							
<ul> <li>If company fringe benefits are provided to employees to meet prevailing wage, or if comp fringe benefits are paid in combination with cash payments to meet prevailing wage, or if comp fringe benefits, or the combination of company fringe benefits and cash</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 does not hav 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) and 4(b) on the SOC.</li> </ul>												
c. Prevailing wage is n <u>without counting</u> company fringe benefit		only payments. If 9c is checked "yes Sections C and D of Declaration Workshe throughout the project prevailing wage, the Declaration Workshe If 9c, of this form, is of	," company fringe bene this form are not require tet is not required to be ct and the counting of c contractor shall submit eet, and report the com checked "yes," and the	fits shall <u>not</u> be reporte ed to be completed, an uploaded in LCPtracko ompany fringe benefits an updated CFBS and pany fringe benefit(s) ir company fringe benefit	er. If this changes are necessary to meet Contractor Fringe Benefit							
Bona fide fringe benefi Insurance: Life, I Pension and 401 Examples of items not Deductions requ Personal use of Holiday cash bor Suggestion awar Recruitment bon Tools and other Cost of furnishin wear those items	on the payroll, check 4(b) on the SOC in LCPtracker.           * Definition of Fringe Benefit Plan           Bona fide fringe benefits are described in detail in the DOL Field Operation Handbook, 15f11, and include: <ul> <li>Insurance: Life, health, dental</li> <li>Pension and 401K</li> </ul> Examples of items not considered bona fide fringe benefits include, but are not limited to the following: <ul> <li>Deductions required by law such as taxes, social security, worker's compensation, or unemployment compensation</li> <li>Personal use of a company vehicle</li> <li>Holiday cash bonus or food item</li> <li>Suggestion awards</li> <li>Recruitment bonuses</li> <li>Tools and other materials or services incidental to the employee's performance of the contract</li> <li>Cost of furnishing, laundering, and maintaining uniforms or equipment where the contractor requires the employee to</li> </ul>											
	nctions, association due	es, paid conee breaks										
Section C. Funded Fr 10. Euroded Eringe Ber	<u> </u>	the Contractor										
	nefit Plans Provided by needed, a supplemental	the Contractor I page may be attached	to this form when subm	itted)								
a. Type of Benefit		Provider Name			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 i	not be used." Contra	tor Fringe Benefit Stateme	nt [09/24] Page 1							

		CDOT C	ON	TR	40	CTOR F	RING	E BENE	FIT DE	CLARA	
								Hour	ly fringe benefi	it values in Re	ed Highlight
Section 1: Contractor In	formation			Section	n 2: C	Contractor Com	ments				
A. Date Submitted:		1/1/2024									
B. Contractor Name:		ABC Testing									
C. Contact Name:		Testing Project									
D. Contact Phone #:											
E. Contact Email:											
	ection 3: Contractor Fringe Benefit Data By Employee										
Em	nployee Inforn	nation								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	Only report HE, either F & G o BOT H. SELF FUNDED	r H & I (NOT H) I. SELF FUNDED	J. Subtotal Health -	K. Dental - Company
•	#	(MM/DD/YYYY)	Site			Monthly Premium	Monthly Co- Premium	HEALTH ONLY- Company Monthly Fixed Cost	HEALTH ONLY- Company Monthly Variable Cost	Company Monthly Cost	Monthly Premium
John Smith	123455	1/1/2022	\$ 18.00	\$	3.21	\$ 555.00			cost	\$ 555.00	
				\$	-					\$ -	
				\$	-					\$-	
				\$	-					\$ -	
				\$	-					\$ - \$ -	
				\$	-					\$ -	
				\$	-					\$ -	

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.