

(For Contractor's Optional Use: See Instructions. FORM HC-347 Instructions)

STATE OF CALIFORNIA  
DEPARTMENT OF TRANSPORTATION  
**PAYROLL**

(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE		(2) # OF W.H. EXE MP.	(3) WORK CLASSIFICATON	OT OR ST	DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED		(8) DEDUCTIONS (BASED ON GROSS AMOUNT EARNED - ALL PROJECTS)							(9) NET WAGES PAID FOR WEEK	CHECK NO.			
					S	M	T	W	T	F	S			THIS PROJECT	ALL PROJECTS	FED. TAX	FICA MCARE	STATE TAX	SDI	VAC	OTHER	TOTAL DED.					
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