

City of Oakland Local Employment Program Fringe Benefits Statement

PROJECT NAME: _____
 COMPANY NAME: _____
 CONTACT PERSON: _____

PROJECT #: _____
 ADDRESS: _____
 TELEPHONE #: _____

Classification	Fringe Benefits	Hourly Amount	Name & Address of Plan, Fund or Program
	Health & Welfare		
	Pension		
	Vacation		
	Apprentice/ Training		
	Other		
Classification	Fringe Benefits	Hourly Amount	Name & Address of Plan, Fund or Program
	Health & Welfare		
	Pension		
	Vacation		
	Apprentice/ Training		
	Other		
Classification	Fringe Benefits	Hourly Amount	Name & Address of Plan, Fund or Program
	Welfare		
	Pension		
	Vacation		
	Apprentice/ Training		
	Other		

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds or Programs as listed above.

Name & Title (Print) Signature Date

*This form can be fax to LEP at 510-238-3363 or email as an attachment to cces@oaklandnet.com