

# 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."