

State of California
 Department of Industrial Relations
 California Apprenticeship Council
 P.O. Box 420603
 San Francisco, CA 94142

TRAINING FUND CONTRIBUTIONS

California Apprenticeship Council

Please use a separate **form** for each jobsite, listing the occupations for the jobsite. One **check** payable to the California Apprenticeship Council may be submitted for all jobsites and/or occupations. Training fund contributions are **not accepted** by the California Apprenticeship Council for federal public works projects, or for non-apprenticeable occupations such as utility technicians, teamsters, etc

NAME AND ADDRESS OF CONTRACTOR/SUB CONTRACTOR MAKING CONTRIBUTION	CONTRACTOR'S LICENSE NUMBER				
	CONTRACT OR PROJECT NUMBER				
	JOBSITE LOCATION (INCLUDE COUNTY) IF APPLICABLE - GIVE NAME OF SCHOOL, HOSPITAL, BUILDING, etc.				
NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT	PERIOD COVERED BY CONTRIBUTION (FROM - TO)				
	CLASSIFICATIONS OF WORKERS (CARPENTER, PLUMBER, ELECTRICIAN, ETC).	COUNTY WORK PERFORMED IN	HOURS	CONTRIBUTION RATE PER HOUR	AMOUNT
Total					
SIGNATURE PLEASE TYPE OR PRINT YOUR NAME				DATE	
TITLE				AREA CODE & TELEPHONE NUMBER	

CAC-2 FORM- APPRENTICE TRAINING CONTRIBUTION REQUIREMENTS

(CALIFORNIA CODE OF REGULATIONS: TITLE 8; ARTICLE 4, 16200(G))

The Director of Industrial Relations using apprentice wage standards set forth in the collective bargaining agreement and/or approved by the California Apprenticeship Council shall determine apprenticeship rates. A contractor or subcontractor on a public works contract must pay training fund contributions or apprenticeship contributions in one of the following manners:

1. Into the appropriate craft apprenticeship program in the area of the site of the public work; or
2. If the trust fund is unable to accept such contributions an equivalent amount shall be paid to the California Apprenticeship Council (CAC) administered by DAS.
3. If neither of the above will accept the funds, cash payment as provided for in California Code of Regulations section 16200(a)(3)(I) shall apply.

NOTE: CASH PAYMENTS TO THE EMPLOYEE CAN ONLY OCCUR WHEN THEIR CRAFT OR TRADE IS DESIGNATED AS NON-APPRENTICEABLE BY THE DEPARTMENT OF INDUSTRIAL RELATIONS. (CONTRACTORS EMPLOYING OWNER-OPERATORS, SOLE PROPRIETORS, AND PARTNERS WHO ARE PERFORMING LABOR ON THE PUBLIC WORKS PROJECT MUST CONTRIBUTE TRAINING FUNDS FOR EACH HOUR WORKED.)

Payment of Apprenticeship Training Contributions to the Council

Contractors who are neither required nor wish to make apprenticeship training contributions to the applicable local training trust fund shall make their training contributions to the California Apprenticeship Council. Contractors may refer to the Department of Industrial Relations applicable prevailing wage determination for the amount owed for each hour of work performed by journeymen and apprentices in each apprenticeable occupation.

Training contributions are due and payable on the 15th day of each month for work performed during the preceding month.

Training contributions to the California Apprenticeship Council shall be paid by check and shall be accompanied by a completed CAC-2 Form, Training Fund Contributions, with the following information:

- (1) The name, address, and telephone number of the contractor making the contribution.
- (2) The contractor's license number.
- (3) The name and address of the public agency that awarded the contract.
- (4) The jobsite location, including the county where the work was performed.
- (5) The contract or project number.
- (6) The time period covered by the enclosed contributions.
- (7) The contribution rate and total hours worked for each apprenticeable occupation.

Documentation of Training Fund Contributions

A copy of the CAC-2 form, which has been submitted to the Council, accompanied with a copy of the cancelled check, or a letter from the appropriate Joint Apprenticeship Training Committee, shall be submitted to Golden State Labor Compliance for each month, or portion thereof that employees are dispatched to the Public Works project.

If your training fund contributions are made to an approved local training trust fund or union, please provide a letter from that entity showing that your contributions are current for every month or portion thereof that employees are dispatched to the Public Works project.

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The on-line CAC2 form available at:
<http://www.dir.ca.gov/DAS/DASCAC2.pdf>
 can be filled in and printed for submittal

California Apprenticeship Council

Please note: **no contributions** for federal projects or non apprenticeshipable occupations
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NAME AND ADDRESS OF CONTRACTOR/SUBCONTRACTOR MAKING CONTRIBUTION Your company's name and address Each contractor/sub-contractor submits their own CAC 2 form and payment	CONTRACTOR'S LICENSE NUMBER Your six digit contractor's license number or federal ID# (no license classification codes)	
	CONTRACT OR PROJECT NUMBER Identify the project by pco g"qt"contract number	
	JOBSITE LOCATION (INCLUDE COUNTY) IF APPLICABLE GIVE NAME OF SCHOOL, HOSPITAL, BUILDING, ETC. Name & address of the jobsite	
NAME AND ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT The name & address of the school district, city, county or state public agency that awarded this contract. Do not put the general contractor's name here.	PERIOD COVERED BY CONTRIBUTION (FROM-TO) Dates or time period that work was performed (i.e., 01/01/06 – 01/31/06)	
	CLASSIFICATIONS) OF WORKERS (CARPENTER, PLUMBER, ELECTRICIAN, ETC.) COUNTY WORK PERFORMED IN HOURS CONTRIBUTION RATE PER HOUR AMOUNT	
Please use the classifications as shown in the <u>drop down menu</u> or in the prevailing wage determinations perform	Name of County where work was ed. # of hours/ craft	Rate found in prevailing wage determinations at DLSR website: http://www.dir.ca.gov/DLSR/statistics_research.html#PWD
Please do NOT list social security numbers or the names of your employees, do not submit a report for ZERO hours or a contribution in loose change (it happens!)		
Specific project information is necessary to properly credit you for your contribution. "Various" is not an acceptable project description.		
Total		\$0.00
SIGNATURE PLEASE TYPE OR PRINT YOUR NAME		DATE
TITLE		AREA CODE & TELEPHONE NUMBER