



Case #: 24-CTP-046104

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
2/5/2024 to 2/11/2024	1011 WARRENVILLE RD
Contractor Number Or FEIN	LISLE IL 60532
C211-INDU15	
Project Number or Name	State Capital Funds
I-20-4533	No
Agency	
Toll Highway Authority, Illinois State	

Contractor and/or Subcontractor

Company Name	Contractor Location
Industrial Fence Inc	1300 S KILBOURN AVE
Contact Name	CHICAGO IL 60623
Rachel Vlach	
Primary Email	Secondary Email
rvlach@industrialfenceinc.com	cpreo@judlau.com
Primary Phone	Secondary Phone
7735219900	

Public Body Information

Public Body Name	Public Body Address
ISTHA	2700 OGDEN AVE
Contact Name	DOWNERS GROVE IL 60515
Primary Phone	Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Jorge AlmarazHernandez	8323	Journeyman Fence Erector	3106 HUNTINGTON AVE	HOBART IN 46342	other	H L	m	No	Yes	No	No	2194060207
Salvador M.Cervantes	4963	Journeyman Fence Erector	2647 ALLEN ST	LAKE STATION IN 46405	other	H L	m	No	Yes	No	No	2197129572
Hernan FMaldonado	8280	Journeyman Operator Class I	8448 S KENNETH AVE	CHICAGO IL 60652	other	H L	m	No	Yes	No	No	7736984650
Carlos Mejia	6534	Journeyman Fence Erector	5323 S CHRISTIANA AVE	CHICAGO IL 60632	other	H L	m	No	Yes	No	No	7736440072

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Jorge Almaraz Hernandez	P	0.00	0.00	8.00	8.00	0.00	0.00	0.00	16.00	0.00	0.00	48.48	0.00	0.00	775.68	549.54	
	NP	8.00	9.00	0.00	0.00	8.00	0.00	0.00	16.00	9.00	0.00	48.48	72.72	0.00	1430.16	1087.61	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			
Salvador M.Cervantes	P	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00	0.00	48.48	0.00	0.00	387.84	270.63	
	NP	0.00	8.00	8.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00	48.48	0.00	0.00	775.68	541.27	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			
Hernan FMaldonado	P	0.00	0.00	8.00	8.00	0.00	0.00	0.00	16.00	0.00	0.00	54.80	0.00	0.00	908.80	597.57	
	NP	8.00	9.00	0.00	0.00	6.00	0.00	0.00	16.00	7.00	0.00	54.80	82.20	0.00	1452.20	985.12	
Pension		0.00		Health		0.00		Vacation		2.00		Training		0.00			
Carlos Mejia	P	0.00	0.00	7.00	8.00	0.00	0.00	0.00	15.00	0.00	0.00	48.48	0.00	0.00	727.20	510.14	
	NP	8.00	9.00	0.00	0.00	8.00	0.00	0.00	24.00	1.00	0.00	48.48	72.72	0.00	1236.24	904.08	

Pension	0.00	Health	0.00	Vacation	0.00	Training	0.00
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I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Rachel Vlach
Feb 15, 2024