

RECAPITULATION AND SUMMARY SHEET

For use of this form, see ER 1180-1-8; the proponent agency is CECC-C

CONTRACT NUMBER

DATE (YYYYMMDD)

PROJECT

EMPLOYER

PRIME CONTRACTOR

| NAME OF EMPLOYEE <i>(Last, First MI.)</i> | UNDERPAYMENTS | | | | | | | | | LIQUIDATED DAMAGES | | ACTION TAKEN | | | | |
|--|-----------------|---|------------------|---|--------------|-----------------------------|------------|--|-------|--------------------|--------|--|-----|---------|-----------------|----------|
| | DAVIS-BACON ACT | McNAMARA-O'HARA SERVICE CONTRACT ACT | WALSH-HEALEY ACT | CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (CWHSSA) | COPELAND ACT | FAIR LABOR STANDARDS ACT | MILLER ACT | | TOTAL | NUMBER | AMOUNT | DIRECTED RESTITUTION BY EMPLOYER | | | OTHER ACTION | |
| | | | | | | | | | | | | GROSS | NET | EXHIBIT | SF FORM 1093 | RETAINED |
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