

Instructions for SCA DAILY SIGNATURE LOG

A School Construction Authority Daily Signature Log (**DSL**) must be completed every workday for all SCA construction job sites. The DSL must be visible and must be kept on-site for inspection by SCA officials. The updated form has some new fields to ensure that workers are accounted for and aware of the requirement that they must be paid the legally mandated prevailing wages and benefits.

The SCA Daily Signature Log is available in two different formats: PDF and Excel.

DSL-SCA PM -15 Exhibit 4a rev 4 (04-18) PDF Fillable

DSL-SCA PM -15 Exhibit 4b rev 4 (04-18) Excel Fillable

1. All workers must sign in at the beginning of their shift and sign out at the end of their shift, in **PEN**.
At NO time should an employee sign a Daily Signature Log that is not pre-filled with job specifics, the employee's name and the base wage for their trade.
2. If a worker does not show up for his shift, please indicate by putting a line through the worker's name on the prefilled form (Example: ~~John Doe~~). Do not scribble or use white-out.

To facilitate the completion of the DSL, the captions can be pre-filled prior to the start of the work shift. The captions below **MUST** be completed before the employee signs the Log.

- A. Company Name (*Check either Contractor or Subcontractor*)
- B. Company Address
- C. Name of Supervisor
- D. Make-Up Day & Date (*If Any*), & Reason for Make-up Day
- E. Day of the Week (*Monday, Tuesday, etc.*)
- F. Today's Date
- G. School Project Name and Address
- H. PLA Y/N (Y for Yes, N for No)
- I. SCA Solicitation #
- J. SCA Contract #


Q. Starting Time
R. Employee Sign-In (*Signature*)

SCA PM-15 Exhibit 4b REV4 (4-18)

S. Quitting Time
T. Total Hours Worked this Shift (*Excluding Meal Time*)
U. Employee Sign-Out (*Signature*)

SCA PM-15 Exhibit 4b REV4 (4-18)


Once finalized, a company officer must sign the DSL, which certifies that the information provided is complete and correct. Falsification is a punishable offence. The completed form must be forwarded to the SCA Labor Law Compliance Division.


 <h1 style="margin: 0;">DAILY SIGNATURE LOG</h1> <p style="margin: 0; color: red; font-size: small;">All workers must SIGN IN at beginning of shift and SIGN OUT at end of shift</p>														
PAGE ____ OF ____														
NAME OF SUPERVISOR OF LISTED EMPLOYEES (PRINT)														
FIRM (Check one)		I CONTRACTOR		I SUBCONTRACTOR		COMPANY ADDRESS				REASON FOR MAKEUP DAY AND DATE CANCELLED*				
DAY OF WEEK (Monday, Tuesday, etc.)		TODAY'S DATE		PROJECT NAME & ADDRESS				PLA (Y/N)		SCA SOLICITATION #		SCA CONTRACT #		
PRINT EMPLOYEES NAME	LAST 4 OF SSN	CIRCLE CLASSIFICATION LIST TRADE		BASE WAGE RATE	SUPPLEMENTAL BENEFIT RATE	UNION LOCAL # AFFILIATION OR "NONE"	STARTING TIME		EMPLOYEE'S SIGNATURE (SIGN IN)	QUITTING TIME	TOTAL HRS WORKED (EXCLUDING MEALS)	EMPLOYEE'S SIGNATURE (SIGN OUT)		
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			
		J A1 A2 A3+						[] AM [] PM			[] AM [] PM			

COMMENTS:

*Make up day criteria: When conditions beyond the control of the contractor, such as severe weather, power failure, fire or natural disaster prevent the performance of Program work on a regularly scheduled work day, the worker may work on a Saturday for the same pay to which the worker would have been entitled.
Date = Date that was rescheduled.


IT IS UNLAWFUL TO MAKE FALSE ENTRIES ON THIS DOCUMENT


 I, _____
Full Name




Official Company Title

hereby certify, that the above information on this form is complete and correct.



Company Officer's Signature



Date

**QUESTIONS ?
WAGE COMPLAINTS ?**


**CALL SCA'S
LABOR LAW COMPLIANCE**

"HOTLINE"
(718) 472-8100
(ALL CALLS ARE KEPT CONFIDENTIAL)

COPY MUST BE KEPT ON SITE & AVAILABLE FOR INSPECTION

SAMPLE SCA DAILY SIGNATURE LOGS

Sample of Daily Signature Log and captions that must be completed before employee signs in:



DAILY SIGNATURE LOG

All workers must SIGN IN at beginning of shift and SIGN OUT at end of shift

PAGE ____ OF ____

FIRM (Check one) ☒ CONTRACTOR ☐ SUB-CONTRACTOR

NAME OF SUPERVISOR OF LISTED EMPLOYEES (PRINT)
John Doe

REASON FOR MAKEUP DAY AND DATE CANCELLED*

BOSS CONTRACTING

COMPANY ADDRESS
123 30 ST, Long Island City, NY 11101

REASON FOR MAKEUP DAY AND DATE CANCELLED*

DAY OF WEEK (Monday, Tuesday, etc.)
Monday

TODAY'S DATE
4/2/2018

PROJECT NAME & ADDRESS
MS 61, 400 Empire Blvd, Brooklyn NY 11225

PLA (Y/N)
Y

SCA SOLICITATION #
10-00033H

SCA CONTRACT #
C000012345

PRINT EMPLOYEE'S NAME	LAST 4 OF SSN	CIRCLE CLASSIFICATION LIST TRADE	BASE WAGE RATE	SUPPLEMENTAL BENEFIT RATE	UNION LOCAL # AFFILIATION OR "NONE"	STARTING TIME	EMPLOYEE'S SIGNATURE (SIGN IN)	QUITTING TIME	TOTAL HRS WORKED (EXCLUDING MEALS)	EMPLOYEE'S SIGNATURE (SIGN OUT)
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S
		J A1 A2 A3+					<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S

COMMENTS:

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QUESTIONS ?
WAGE COMPLAINTS ?

I, _____
Full Name

Official Company Title

CALL SCA'S
LABOR LAW COMPLIANCE

hereby certify, that the above information on this form is complete and correct.

"HOTLINE"
(718) 472-8100
(ALL CALLS ARE KEPT CONFIDENTIAL)

* Make up day criteria: When conditions beyond the control of the contractor, such as severe weather, power failure, fire or natural disaster prevent the performance of Program work on a regularly scheduled work day, the worker may work on a Saturday for the same pay to which the worker would have been entitled.
Date = Date that was rescheduled

Company Officer's Signature

Date

SAMPLE SCA DAILY SIGNATURE LOGS

Sample of Prefilled Daily Signature Log Employee **SIGN IN** beginning of Shift

<h2 style="margin: 0;">DAILY SIGNATURE LOG</h2> <p style="margin: 0; color: red; font-size: small;">All workers must SIGN IN at beginning of shift and SIGN OUT at end of shift</p>										PAGE ____ OF ____	
<small>FIRM (Check one) <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUB-CONTRACTOR</small> BOSS CONTRACTING						<small>COMPANY ADDRESS</small> 123 30 ST, Long Island City, NY 11101		<small>NAME OF SUPERVISOR OF LISTED EMPLOYEES (PRINT)</small> John Doe			
<small>DAY OF WEEK (Monday, Tuesday, etc.)</small> Monday						<small>TODAY'S DATE</small> 4/2/2018		<small>PROJECT NAME & ADDRESS</small> MS 61, 400 Empire Blvd, Brooklyn NY 11225			
<small>PLA (Y/N)</small> Y						<small>SCA SOLICITATION #</small> 10-00033H		<small>SCA CONTRACT #</small> C000012345			
PRINT EMPLOYEE'S NAME	LAST 4 OF SSN	CIRCLE CLASSIFICATION LIST TRADE	BASE WAGE RATE	SUPPLEMENTAL BENEFIT RATE	UNION LOCAL # AFFILIATION OR "NONE"	STARTING TIME	EMPLOYEE'S SIGNATURE (SIGN IN)	QUITTING TIME	TOTAL HRS WORKED (EXCLUDING MEALS)		
Jayne Doe	2323	<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ Electrician A	\$56.00	\$54.35	L-3	8 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Jayne Doe	<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S		
Adam Sample	3344	<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ Carpenter	\$52.50	\$46.28	DC	8 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Adam Sample	<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S		
Frances Elpmas	6314	<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ Carpenter	\$52.50	\$46.25	DC	8 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Frances Elpmas	<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S		
David Someone	1497	<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ Mason Tender	\$37.90	\$30.59	L-79	8 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	David Someone	<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S		
Michael Audit	7811	<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ Mason Tender	\$37.90	\$30.59	L-79	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S		
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ 				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S		
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ 				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S		
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ 				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S		
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ 				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HR:S		

COMMENTS:

IT IS UNLAWFUL TO MAKE FALSE ENTRIES ON THIS DOCUMENT

I, _____
Full Name

Official Company Title
 hereby certify, that the above information on this form is complete and correct.

Company Officer's Signature _____
Date

QUESTIONS ?
WAGE COMPLAINTS ?


CALL SCA'S
LABOR LAW COMPLIANCE

"HOTLINE"
(718) 472-8100
(ALL CALLS ARE KEPT CONFIDENTIAL)

COPY MUST BE KEPT ON SITE & AVAILABLE FOR INSPECTION

SAMPLE SCA DAILY SIGNATURE LOGS


Sample of Daily Signature Log Employee SIGNS OUT End of Shift

 <h2 style="display: inline; margin-left: 10px;">DAILY SIGNATURE LOG</h2>													
<small>All workers must SIGN IN at beginning of shift and SIGN OUT at end of shift</small>													
<div style="text-align: right;">PAGE ____ OF ____</div>													
<div style="display: flex; justify-content: space-between;"> <div> <small>FIRM (Check one)</small> <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR </div> <div> <small>NAME OF SUPERVISOR OF LISTED EMPLOYEES (PRINT)</small> John Doe </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div> <small>BOSS CONTRACTING</small> </div> <div> <small>COMPANY ADDRESS</small> 123 30 ST, Long Island City, NY 11101 </div> <div> <small>REASON FOR MAKEUP DAY AND DATE CANCELLED*</small> </div> </div>													
DAY OF WEEK (Monday, Tuesday, etc.)		TODAY'S DATE		PROJECT NAME & ADDRESS				PLA (Y/N)		SCA SOLICITATION #		SCA CONTRACT #	
Monday		4/2/2018		MS 61, 400 Empire Blvd, Brooklyn NY 11225				Y		10-00033H		C000012345	
PRINT EMPLOYEE'S NAME	LAST 4 OF SSN	CIRCLE CLASSIFICATION LIST TRADE	BASE WAGE RATE	SUPPLEMENTAL BENEFIT RATE	UNION LOCAL # AFFILIATION OR "NONE"	STARTING TIME	EMPLOYEE'S SIGNATURE (SIGN IN)	QUITTING TIME	TOTAL HRS WORKED (EXCLUDING MEALS)	EMPLOYEE'S SIGNATURE (SIGN OUT)			
Jayne Doe	2323	<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ Electrician A	\$56.00	\$54.35	L-3	8 <input type="checkbox"/> AM <input type="checkbox"/> PM	Jayne Doe	4:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8	Jayne Doe			
Adam Sample	3344	<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ Carpenter	\$52.50	\$46.28	DC	8 <input type="checkbox"/> AM <input type="checkbox"/> PM	Adam Sample	4:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8	Adam Sample			
Frances Elpmas	6314	<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ Carpenter	\$52.50	\$46.25	DC	8 <input type="checkbox"/> AM <input type="checkbox"/> PM	Frances Elpmas	4:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8	Frances Elpmas			
David Someone	1497	<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ Mason Tender	\$37.90	\$30.59	L-79	8 <input type="checkbox"/> AM <input type="checkbox"/> PM	David Someone	4:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8	David Someone			
Michael Audit	7811	<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ Mason Tender	\$37.90	\$30.59	L-79	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM					
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ 				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM					
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ 				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM					
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ 				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM					
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+ 				<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM					
<small>COMMENTS:</small> 				<p style="text-align: center;">IT IS UNLAWFUL TO MAKE FALSE ENTRIES ON THIS DOCUMENT</p>									
				<p style="text-align: center;">QUESTIONS ? WAGE COMPLAINTS ?</p>									
<small>* Make up day criteria: When conditions beyond the control of the contractor, such as severe weather, power failure, fire or natural disaster prevent the performance of Program work on a regularly scheduled work day, the worker may work on a Saturday for the same pay to which the worker would have been entitled. Date = Date that was rescheduled.</small>				<p>I, _____, _____ Full Name Official Company Title</p> <p>hereby certify, that the above information on this form is complete and correct.</p>									
				<p style="text-align: right;">CALL SCA'S LABOR LAW COMPLIANCE "HOTLINE" (718) 472-8100 <small>(ALL CALLS ARE KEPT CONFIDENTIAL)</small></p>									
				<p style="text-align: center;">_____ Company Officer's Signature Date</p>									

COPY MUST BE KEPT ON SITE & AVAILABLE FOR INSPECTION

SAMPLE SCA DAILY SIGNATURE LOGS

Sample of Daily Signature Log Employee **FINALIZED** by Employer

 <h2 style="display: inline;">DAILY SIGNATURE LOG</h2>													
<small>All workers must SIGN IN at beginning of shift and SIGN OUT at end of shift</small>													
<div style="text-align: right;">PAGE <u>1</u> OF <u>1</u></div>													
<div style="display: flex; justify-content: space-between;"> <div> <small>FIRM (Check one)</small> <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUB-CONTRACTOR </div> <div> <small>NAME OF SUPERVISOR OF LISTED EMPLOYEES (PRINT)</small> John Doe </div> </div>													
<small>REASON FOR MAKEUP DAY AND DATE CANCELLED*</small>													
<small>BOSS CONTRACTING</small>													
<small>123 30 ST, Long Island City, NY 11101</small>													
<small>PROJECT NAME & ADDRESS</small>													
<small>MS 61, 400 Empire Blvd, Brooklyn NY 11225</small>													
<small>PLA (Y/N)</small> Y													
<small>SCA SOLICITATION #</small> 10-00033H													
<small>SCA CONTRACT #</small> C000012345													
<small>DAY OF WEEK (Monday, Tuesday, etc.)</small> Monday													
<small>TODAY'S DATE</small> 4/2/2018													
<small>PRINT EMPLOYEE'S NAME</small>													
<small>LAST 4 OF SSN</small>													
<small>CIRCLE CLASSIFICATION</small>													
<small>LIST TRADE</small>													
<small>BASE WAGE RATE</small>													
<small>SUPPLEMENTAL BENEFIT RATE</small>													
<small>UNION LOCAL # AFFILIATION OR "NONE"</small>													
<small>STARTING TIME</small>													
<small>EMPLOYEE'S SIGNATURE (SIGN IN)</small>													
<small>QUITTING TIME</small>													
<small>TOTAL HRS WORKED (EXCLUDING MEALS)</small>													
<small>EMPLOYEE'S SIGNATURE (SIGN OUT)</small>													
Jayne Doe	2323	<input checked="" type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+	Electrician A	\$56.00	\$54.35	L-3	8	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Jayne Doe	4:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8 HR.S	Jayne Doe
Adam Sample	3344	<input checked="" type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+	Carpenter	\$52.50	\$46.28	DC	8	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Adam Sample	4:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8 HR.S	Adam Sample
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David Someone	1497	<input checked="" type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+	Mason Tender	\$37.90	\$30.59	L-79	8	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	David Someone	4:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8 HR.S	David Someone
Michael Audit	7011	<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+	Mason Tender	\$37.90	\$30.59	L-79		<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM	HR.S	
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+						<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM	HR.S	
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+						<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM	HR.S	
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+						<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM	HR.S	
		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3+						<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM	HR.S	

COMMENTS:

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Date = Date that was rescheduled

IT IS UNLAWFUL TO MAKE FALSE ENTRIES ON THIS DOCUMENT

I, David Hines

Full Name

President

Official Company Title

hereby certify, that the above information on this form is complete and correct.

David Hines

Company Officer's Signature

4/1/2018

Date

QUESTIONS ?

WAGE COMPLAINTS ?

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LABOR LAW COMPLIANCE

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(ALL CALLS ARE KEPT CONFIDENTIAL)

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