
Los Angeles County



Living Wage Program

Living Wage Ordinance

Los Angeles County Code Chapter 2.201 was adopted by the Los Angeles County Board of Supervisors on July 22, 1999 which enacted the Living Wage Program (LWP) and is applicable to all non-exempt Prop A and cafeteria services contracts and amendments effective October 22, 1999

Living Wage Ordinance (LWO) Program

- Requires non-exempt contractors and subcontractors to pay employees working under Living Wage contracts at least the Living Wage Rate;
- Annual adjustments to the LWO rates;
- Requires the use of Full-Time Employees;
- LWO exemption applies to collective bargaining agreements (CBAs)

Living Wage Requirements

Wages

Full-Time Contract Workers

Submittal of Living Wage Forms

Living Wage Rates – Annual Adjustments

Effective Date	Hourly Rate
March 1, 2016	\$13.25
January 1, 2017	\$14.25
January 1, 2018	\$15.00
January 1, 2019	\$15.79
January 1, 2020	\$16.31
January 1, 2021	\$16.62
January 1, 2022	\$17.14
January 1, 2023	\$18.49
January 1, 2024	CPI

* Effective January 1, 2020:

The LW rate shall increase annually based on the U.S. Department of Labor, Bureau of Labor Statistics' Consumer Price Index (CPI) for the Los Angeles-Riverside-Orange County Area for the 12-month period preceding July 1 of each year.

The LWO requires all Contractors/Subcontractors to pay the LW rate to all their employees who work on LW Contracts/Subcontracts, regardless of the number of hours they have worked.

Full-Time Contract Workers

- Contractors are required to maintain full-time employees
 - 40 hours per week (County & non-County facilities)
 - 35-39 hours per week (recognized industry standards) if approved by County

Exceptions:

- Part-time staff may be approved if contractor can demonstrate necessity. Contractor must have prior County approval.

Submittal of Living Wage Forms

Once a contract is awarded and services begin, the Contractor will be required to submit monthly compliance/monitoring reports to the awarding department, such as:

1. Staffing Plan
2. Payroll Reporting Form
3. Payroll Statement of Compliance

LWO Forms - Staffing Plan

- The Staffing Plan is included in solicitation document
- It indicates full-time employees
- Must be updated when there is a change in staffing
- Must submit a written request to use part-time employees

LWO Forms - Staffing Plan

**COUNTY OF LOS ANGELES
LIVING WAGE PROGRAM
STAFFING PLAN**

Company Name:

[illegible]

LWO Forms - Payroll Reporting Form

- Due by the 15th of the month
- Pay periods must be consecutive
- Contractor may submit alternative form, if all requested information is included
- Only includes last four digits of employee's social security number

LWO Forms - Payroll Reporting Form

COUNTY OF LOS ANGELES LIVING WAGE ORDINANCE - PAYROLL REPORTING FORM																															
(1) <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR																(6) CONTRACT NO.:															
																(7) TYPE OF SERVICE:															
(2) NAME:																(8) WORK LOCATION(S):															
(3) ADDRESS:																															
(4) CONTACT PERSON:																(5) TELEPHONE & EMAIL:															
																(9) PAYROLL PERIOD (Beginning and end dates):															
																DEDUCTIONS											(25) Comments				
(10) NAME / ADDRESS	(11) Last 4 digits SSN	(12) <input type="checkbox"/> Full <input type="checkbox"/> Part	(13) Position Title	(14) DAY AND DATE																	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total	Pay				Medi-SS	Fed	State				Total	Net
			County	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Hours	Rate	Gross		FICA	Tax	Tax	SSI	Other	Deduct	Wages	
			OT																												
			Non-County																												
			OT																												
(10) NAME / ADDRESS	(11) Last 4 digits SSN	(12) <input type="checkbox"/> Full <input type="checkbox"/> Part	(13) Position Title	(14) DAY AND DATE																	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25) Comments
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total	Pay				Medi-SS	Fed	State				Total	Net
			County	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Hours	Rate	Gross		FICA	Tax	Tax	SSI	Other	Deduct	Wages	
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				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total	Pay				Medi-SS	Fed	State				Total	Net
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			OT																												
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			OT																												
(10) NAME / ADDRESS	(11) Last 4 digits SSN	(12) <input type="checkbox"/> Full <input type="checkbox"/> Part	(13) Position Title	(14) DAY AND DATE																	(15)	(16)	(17)	(18)</							

LWO Forms - Payroll Statement of Compliance

- Signed by authorized representative
- Submitted monthly with payroll reports
- Include description of permissible deductions
- Consecutive and inclusive pay period dates
- Contractor certifies that payroll reports are accurate and correct

COUNTY OF LOS ANGELES LIVING WAGE PROGRAM	
PAYROLL STATEMENT OF COMPLIANCE	
I, _____ (Name of Owner or Company Representative), _____ (Title)	
Do hereby state:	
1. That I pay or supervise the payment of the persons employed by _____ (Contractor/Subcontractor) on the _____ (Contract) that during the payroll period commencing on the _____ (day) of _____ (Month and Year), and ending the _____ (day) of _____ (Month and Year), all persons employed on said work site 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 _____ (Contractor/Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 357; 40 U.S.C. 276c), and described below: _____	
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for employees contained therein are not less than the applicable County of Los Angeles Living Wage rates contained in the contract.	
I have reviewed the information in this report and as company owner or authorized agent for this company, I sign under penalty of perjury certifying that all information herein is complete and correct.	
Print Name and Title	Owner or Company Representative Signature: DATE:
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. IN ADDITION, THE CONTRACTOR OR SUBCONTRACTOR MAY BE SUSPENDED AND PRECLUDED FROM BIDDING ON OR PARTICIPATING IN ANY COUNTY CONTRACT OR PROJECT FOR A PERIOD OF THREE (3) YEARS.	

Living Wage Program Exemption

Collective Bargaining Agreements between Contractors and a labor organization or collective bargaining units that expressly supersede the ordinance

Living Wage Program Exemption

Application for Exemption and supporting documents must be submitted by the due date set forth in the solicitation.

COUNTY OF LOS ANGELES LIVING WAGE PROGRAM <u>APPLICATION FOR EXEMPTION</u>		
<p>The contract to be awarded pursuant to the County's solicitation is subject to the County of Los Angeles Living Wage Program (LW Program) (Los Angeles County Code, Chapter 2.201). Contractors and subcontractors must apply individually for consideration for an exemption from the LW Program. To apply, Contractors must complete and submit this form with supporting documentation to the County by the due date set forth in the solicitation document. Upon review of the submitted Application for Exemption, the County department will determine, in its sole discretion, whether the contractor and/or subcontractor is/are exempt from the LW Program.</p>		
Company Name:		
Company Address:		
City:	State:	Zip Code:
My business has received an aggregate sum of less than \$25,000 during the preceding 12 months under one or more Proposition A contracts and/or catering services contracts, including the proposed contract amount.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I am requesting an exemption from the LW Program for the following reason(s) (attach all documentation that supports your claim to this form). Please check all that apply:</p> <p><input type="checkbox"/> My business is subject to or intends to enter into a bona fide Collective Bargaining Agreement (attach agreement); AND</p> <p><input type="checkbox"/> the Collective Bargaining Agreement expressly provides that it supersedes all the provisions of the Living Wage Program; OR</p> <p><input type="checkbox"/> the Collective Bargaining Agreement expressly provides that it supersedes the following specific provisions of the Living Wage Program (I will comply with all provisions of the Living Wage Program not expressly superseded by my business' Collective Bargaining Agreement):</p> <p>_____</p> <p>_____</p>		

More on Exemptions

- The County has an ongoing obligation to review LWP exemption status (“Annual Verification of Exemption Status” form)
- LWO Exempt Contractors are not required to comply with the LWP wage or reporting requirements

Living Wage Program Contractor Guide

http://file.lacounty.gov/SDSInter/isd/dbw/1068603_LW_ContractorGuide.pdf



Questions / Comments

Questions can be submitted via email to the Analyst(s) named in the solicitation document.



Thank you