DEPARTMENT OF LABOR
Alien Labor Processing & Certification Division

PROJECT SUMMARY SHEET

This form is an attachment to the Temporary Labor Certification and lists approved construction projects which the employer is authorized to assign H-2B workers to.

Company Name			ALPCD NOTES
Address:			
Office Phone	Employer Cell Phone	Site Telephone	ALPCD Case Number:_____

Item #	Project Name/Scope of Work And Location	Start Date	Completion Date	Project Contract Amount	Subcontracted Amount	% Completed	Amount Completed	PROJECT NET AMOUNT	Funding Source
			TOTAL		Total Net Project Amount ➔				

I hereby certify that the above information is true and correct.

EMPLOYER NAME & TITLE _____ EMPLOYER SIGNATURE _____ DATE _____

ALPCD USE ONLY: Rev. 4/2014

Number of Workers allowed:_____

Wage Bond Required:_____