



T 11-19-21

State of New Jersey

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
PO BOX 389
TRENTON, NEW JERSEY 08625-0389

Mary Jean Kerr, President and Individually, and
Main Lock Inc
762 Main Street
Hackensack NJ 07601

October 26, 2021

Re: PC-190-0821-CQH
High School Auditorium Emergency Lock Replacement
Door hardware, lock replacement
Weehawken Board of Education

Dear Mary Jean Kerr:

The Division of Wage and Hour Compliance conducted an inspection of your firm. It has been determined that you are in violation of Title 34 which provides that any person who violates any provision of the New Jersey Wage and Hour Law or regulations may be prosecuted, fined, and/or penalized. In addition, the Commissioner of Labor and Workforce Development has the authority to assess administrative fees based on the amount of wages assessed. As a result of our inspection, you may be liable for a Penalty or both a Penalty and Administrative Fee.

Under the provisions of N.J.S.A. 34:11-4.1, an employer is any individual, partnership, association, joint stock company, trust, corporation, the administrator or executor of the estate of a deceased individual, or the receiver, trustee, or successor of any of the same, employing any person in this State. For the purposes of this act the officers of a corporation and any agents having the management of such corporation shall be deemed to be the employers of the employees of the corporation.

Wages: If wages are assessed, the gross amount is listed on the attached Assessment Form.

Administrative Fee: If wages are assessed, an administrative fee is due. The fee is equal to a percentage of the amount of gross wages due employees and is based on your history of violations: 10% for the first violation, 18% for the second violation, and 25% for the third and subsequent violations.

Penalty: The attached Assessment Form provides a brief explanation of each violation, the section of law or regulation violated, and the penalty amount which has been assessed.

Respond to this Notice within 15 Days Following the Receipt of the Notice:

1. If you are not contesting this assessment, complete the bottom section of the Assessment Form and submit payment within 15 days following the receipt of the notice.
2. If you are contesting any portion of this assessment, you must submit a written request for a hearing. Complete the bottom section of the Assessment Form and return within 15 days following the receipt of the notice. We will schedule you for a hearing in Trenton and send you written notification regarding your hearing.

If you have questions about completing the attached form(s), contact this office Monday to Friday, 8:30 am to 4:30 pm.

Sincerely,

Marc Goldberg, Section Chief
Public Contracts Section
609-292-2259

Assessment Form

Case No. PC-190-0821-COH

Main Lock Inc

10/26/2021

Violation of New Jersey Statutes Annotated (N.J.S.A.) and/or New Jersey Administrative Code (N.J.A.C):

Violation	Citation No.	Penalty
Records - No Daily/Weekly Hours	34:11-56a20 / 12:56-4.1	250.00 (2 ee's x \$125)
Unpaid Wages / Late Payment	34:11-4.2	250.00 (2 ee's x \$125)
Failure to Pay Prevailing Wage	34:11-56.27	500.00 (2 ee's x \$250)
Records - Incomplete Certified Payroll	34:11-56.29 / 12:60-2.1	500.00 (2 ee's x \$250)
Certified Payroll / Public Body	34:11-56.33 / 12:60-5.1(c)	500.00 (2 ee's x \$250)
Failure to Register	34:11-56.51	500.00 (2 ee's x \$250)

Assessments:

Wages	\$1,510.04
Administrative Fee (10% of Wages)	\$151.00
Penalty	\$2,500.00

Instructions

- 1. Payment of Wages:** Pay employees directly and provide employees with a statement of deductions. Enter the deductions and net amount for each employee on the Wages Due Form. Submit copies of the cancelled employee checks and corresponding statement of deductions to this office as proof of payment. Any withholdings should be remitted to the proper taxing agencies.

If a former employee's check is returned to you as undeliverable, add "...or Commissioner of LWD" after the employee's name on the "Pay to the Order of" line. Forward the returned check and statement of deductions to the Division of Wage and Hour Compliance to be held in trust for that employee. Include case number on each check.

- 2. Payment of the Administrative Fee and/or Penalty:** Make check payable to the Commissioner of Labor and Workforce Development. Include case number on check.
- 3. Check the appropriate box below and detach bottom portion of form.** Mail completed forms, cancelled employee checks and corresponding statement of deductions, and payment to:

Division of Wage and Hour Compliance
 PO Box 389
 Trenton, NJ 08625-0389
 Fax (609) 695-1174

-----X-----**Detach and Return to Division of Wage and Hour Compliance**-----X-----

Case No. PC-190-0821-COH
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 762 Main Street
 Hackensack NJ 07601

- I am submitting payment for the Administrative Fee and/or Penalty. If wages are due, I have paid employees directly and provided employees with a statement of deductions. I have completed the Wages Due Form listing the deductions and net amount for each employee. I am submitting copies of the cancelled employee checks and corresponding statement of deductions as proof of payment. Any withholdings have been remitted to the proper taxing agencies.
- I am contesting the Wages, Administrative Fee, and/or Penalty, and I am requesting a hearing to discuss my case because (explain briefly):

Print Name: _____

Phone: _____

Title: _____

Fax: _____

Signature: _____ Date: _____

Email: _____

Wages Due Form

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If any employee's personal information is missing or incorrect, please provide missing information and/or make the necessary corrections. If the last four digits of the SSN is missing or incorrect, provide the entire SSN.

Pay employees directly and provide employees with a statement of deductions. Enter the deductions and net amount for each employee. Submit this completed form and copies of the cancelled employee checks and corresponding statement of deductions to this office as proof of payment. Any withholdings should be remitted to the proper taxing agencies.

Print Name: _____ Phone: _____
Title: _____ Total Net Wages: _____
Signature: _____ Total # of Wage Checks: _____ Date: _____

Employee Name and Mailing Address	SSN	Gross Amount	Deductions	Net Amount
2. Richard [REDACTED] [REDACTED] Employee No. 502409	XXX-XX-	\$983.24		
3. Christopher [REDACTED] [REDACTED] Employee No. 502410	XXX-XX-	\$526.80		

Total: \$1,510.04