

# COMMUNITY UNIT SCHOOL DISTRICT 300

2550 HARNISH DRIVE  
ALGONQUIN, IL 60102  
PHONE: 847.551.8300 • Fax: 847.551.8314  
***FREEDOM OF INFORMATION***

December 14, 2018

Pat Noonan  
CRCC  
4979 Indiana Avenue, Suite 213  
Lisle, IL 60532

Re: FOIA Request Received December 11, our Record #1117

Subject: Requesting copies of certified payroll for Direct Fitness Solutions. They installed the flooring in the weight room at Jacobs this past summer.

Dear Mr. Noonan:

I am responding to your December 11, request(s) under the Freedom of Information Act (5 ILCS 140/1 *et seq.*), in which you asked for the above referenced information. Enclosed is a copy of Direct Fitness Solutions, LLC certified payroll.

Please note that in some cases, redactions have been made to remove personal information the disclosure of which would constitute an unwarranted invasion of personal privacy, which is exempt from disclosure under 5 ILCS 140/7(1)(c) and 2(c-5), or may be considered to be private information (such as social security numbers and private home addresses), which is exempt from disclosure under 5 ILCS 140/7(1)(b).

Per your request, I will email this response to you. This responsive document will be posted online at the District's website by end of day on December 18, 2018 which is two business days from today. To access it, go to [www.d300.org](http://www.d300.org), then click About > FOIA > View the FOIA Archive.

Please let me know if you have additional questions.

Thank you.

*Everlean Dodson*

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Everlean Dodson  
Archives Manager

# Certified Transcript of Payroll

IDOL Case File Number: \_\_\_\_\_

Payroll Start: Jul 1, 2018

Payroll End: Jul 7, 2018

### Contractor and/or Subcontractor

### Public Body Information

Direct Fitness Solutions LLC (Company Name)		John Flershem (Contact Name)	
600 Tower Road (Street Address)		Mundelein (City)	
IL (State)	60060 (Zipcode)	847-947-7130 (Telephone Number)	

  

_____ (Public Body Name)		_____ (Contact Name)	
_____ (Street Address)		_____ (City)	
_____ (State)	_____ (Zipcode)	_____ (Telephone Number)	

\_\_\_\_\_  
(Contract Number)

\_\_\_\_\_  
(Project Number)

\_\_\_\_\_  
Jacob's High School, 2601 Bunker Hill Dr. Algonquin, IL 60102

\_\_\_\_\_  
(Project Location)

### Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
Justin Mitchell [REDACTED]	PW	0	0	0	0	8	0	0	8	0	40.87	61.31	326.96	194.59
	N	0	8	8	8	0	8	0	32	0	40.87	61.31	1,307.84	778.36
Labor Classification Laborer		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: 7.23 Vacation: 2.83 Training: <input type="text"/>												
James Green [REDACTED]	PW	0	0	0	0	8	0	0	8	0	57.66	86.49	461.28	264.47
	N	0	8	8	8	0	8	0	32	0	57.66	86.49	1,845.12	1,057.86
Labor Classification Laborer		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>												
Michael Gasiamis [REDACTED]	PW	0	0	0	0	0	8	0	8	0	120.23	0	961.84	961.84
	N	0	0	0	0	0	0	0	0	0	120.23	0	0	0
Labor Classification Carpenter		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>												

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked

# Certified Transcript of Payroll

IDOL Case File Number: \_\_\_\_\_

Payroll Start: Jul 1, 2018

Payroll End: Jul 7, 2018

### Contractor and/or Subcontractor

### Public Body Information

(Contract Number) \_\_\_\_\_

(Project Number) \_\_\_\_\_

Jacob's High School, 2601 Burker Hill Dr, Algonquin, IL 60102

(Project Location) \_\_\_\_\_

Direct Fitness Solutions LLC (Company Name)				_____ (Contact Name)					
600 Tower Road (Street Address)				Mundelein (City)					
IL (State)	60060 (Zipcode)	847-680-9300 (Telephone Number)		_____ (State)		_____ (Zipcode)		_____ (Telephone Number)	

### Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period		
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net	
Cody Ogrentz [Redacted]	PW	0	0	0	0	0	8	0	8	0	120.23		961.88	961.88	
	N	0	0	0	0	0	0	0	0	0	120.23		0	0	
Labor Classification Carpenter		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													
[Redacted]	PW														
	N														
Labor Classification <input type="text"/>		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													
[Redacted]	PW														
	N														
Labor Classification <input type="text"/>		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked

# Certified Transcript of Payroll

IDOL Case File Number: \_\_\_\_\_

Payroll Start: Jul 8, 2018

Payroll End: Jul 14, 2018

### Contractor and/or Subcontractor

### Public Body Information

\_\_\_\_\_  
(Contract Number)

\_\_\_\_\_  
(Project Number)

Jacob's High School, 2601 Bunker Hill Dr. Algonquin, IL 60102

\_\_\_\_\_  
(Project Location)

Direct Fitness Solutions LLC (Company Name)			John Flershem (Contact Name)		
600 Tower Road (Street Address)			Mundelein (City)		
IL (State)	60060 (Zipcode)	847-680-9300 (Telephone Number)			

(Public Body Name)			(Contact Name)		
(Street Address)			(City)		
(State)	(Zipcode)	(Telephone Number)			

### Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
Justin Mitchell [REDACTED]	PW	0	0	0	0	0	0	0	0	40.87	61.31	0	0	
	N	0	8	8	8	8	8	0	40	40.87	61.31	1,634.8	972.95	
Labor Classification Laborer		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: 7.23 Vacation: 2.83 Training: <input type="text"/>												
James Green [REDACTED]	PW	0	0	0	0	0	0	0	0	57.66	86.49	0	0	
	N	0	8	8	8	8	8	0	40	57.66	86.49	2,306.4	1,322.33	
Labor Classification Laborer		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>												
Michael Gasiamis [REDACTED]	PW	0	8	8	8	8	0	0	32	120.23	0	3,847.36	3,847.36	
	N	0	0	0	0	0	0	0	0	120.23	0	0	0	
Labor Classification Carpenter		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>												

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

*gjk*

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked

# Certified Transcript of Payroll

IDOL Case File Number: \_\_\_\_\_

Payroll Start: Jul 8, 2018

Payroll End: Jul 14, 2018

### Contractor and/or Subcontractor

### Public Body Information

\_\_\_\_\_  
(Contract Number)  
  
\_\_\_\_\_  
(Project Number)  
  
Jacob's High School, 2601 Banker Hill Dr. Algonquin, IL 60102  
\_\_\_\_\_  
(Project Location)

Direct Fitness Solutions LLC (Company Name)			_____ (Contact Name)		
600 Tower Road (Street Address)			Mundelein (City)		
IL (State)	60060 (Zipcode)	847-680-9300 (Telephone Number)	_____ (Public Body Name)		
_____ (Telephone Number)			_____ (Contact Name)		
_____ (Street Address)			_____ (City)		
_____ (State)			_____ (Zipcode)		
_____ (Telephone Number)			_____ (Telephone Number)		

### Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
Cody Ogrentz [REDACTED]	PW	0	8	8	8	8	0	0	32	0	120.23		3,847.36	3,847.36
	N	0	0	0	0	0	0	0	0	0	120.23		0	0
Labor Classification Carpenter		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>												
[REDACTED]	PW													
	N													
Labor Classification [REDACTED]		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>												
[REDACTED]	PW													
	N													
Labor Classification [REDACTED]		Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>												

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked

# Certified Transcript of Payroll

IDOL Case File Number: \_\_\_\_\_

Payroll Start: Jul 22, 2018

Payroll End: Jul 28, 2018

### Contractor and/or Subcontractor

### Public Body Information

Direct Fitness Solutions LLC (Company Name)		John Flershem (Contact Name)		_____ (Public Body Name)		_____ (Contact Name)	
600 Tower Road (Street Address)		Mundelein (City)		_____ (Street Address)		_____ (City)	
IL (State)	60060 (Zipcode)	847-680-9300 (Telephone Number)		_____ (State)	_____ (Zipcode)	_____ (Telephone Number)	

\_\_\_\_\_  
(Contract Number)

\_\_\_\_\_  
(Project Number)

Jacob's High School, 2601 Banker Hill Dr, Algonquin, IL 60102  
(Project Location)

### Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
Justin Mitchell [Redacted]	PW	0	8	8	0	0	0	0	16	0	40.87	61.31	653.92	389.18
	N	0	0	0	8	8	8	0	24	0	40.87	61.31	980.88	583.77
Labor Classification Laborer		Hourly Fringe Benefit:		Pension:	<input type="text"/>	Health/Welfare:	7.23	Vacation:	2.83	Training:	<input type="text"/>			
James Green [Redacted]	PW	0	8	8	0	0	0	0	16	0	57.66	86.49	922.56	528.93
	N	0	0	0	8	8	8	0	24	0	57.66	86.49	1,383.84	793.4
Labor Classification Laborer		Hourly Fringe Benefit:		Pension:	<input type="text"/>	Health/Welfare:	<input type="text"/>	Vacation:	<input type="text"/>	Training:	<input type="text"/>			
Michael Gasiamis [Redacted]	PW	0	0	0	0	0	0	0	0	0	120.23	0	0	0
	N	0	0	0	0	0	0	0	0	0	120.23	0	0	0
Labor Classification Carpenter		Hourly Fringe Benefit:		Pension:	<input type="text"/>	Health/Welfare:	<input type="text"/>	Vacation:	<input type="text"/>	Training:	<input type="text"/>			

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked

# Certified Transcript of Payroll

IDOL Case File Number: \_\_\_\_\_

Payroll Start: Jul 22, 2018

Payroll End: Jul 28, 2018

### Contractor and/or Subcontractor

### Public Body Information

Direct Fitness Solutions LLC (Company Name)			_____ (Contact Name)		
600 Tower Road (Street Address)			Mundelein (City)		
IL (State)	60060 (Zipcode)	847-997-7130 (Telephone Number)			

  

_____ (Public Body Name)			_____ (Contact Name)		
_____ (Street Address)			_____ (City)		
_____ (State)	_____ (Zipcode)	_____ (Telephone Number)			

\_\_\_\_\_  
(Contract Number)

\_\_\_\_\_  
(Project Number)

Jacob's High School, 2601 Bunker Hill Dr, Algonquin, IL 60102  
(Project Location)

### Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number	* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
	SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
Cody Ogrentz [Redacted]	PW	0	0	0	0	0	0	0	0	120.23		0	0
	N	0	0	0	0	0	0	0	0	120.23		0	0
Labor Classification Carpenter		Hourly Fringe Benefit: _____ Pension: _____ Health/Welfare: _____ Vacation: _____ Training: _____											
[Redacted]	PW												
	N												
Labor Classification [Redacted]		Hourly Fringe Benefit: _____ Pension: _____ Health/Welfare: _____ Vacation: _____ Training: _____											
[Redacted]	PW												
	N												
Labor Classification [Redacted]		Hourly Fringe Benefit: _____ Pension: _____ Health/Welfare: _____ Vacation: _____ Training: _____											

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

\*PW - Prevailing Hours Worked \*N - Non Prevailing Hours Worked