BCA

CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS-BUREAU OF CONTRACT ADMINISTRATION

ONLINE CERTIFIED PAYROLL SYSTEMS

CITY OF LOS ANGELES DEPT OF PUBLIC WORKS
Bureau of Contract Administration
QUALITY • OPPORTUNITY • COMPLIANCE

Online Certified Payroll Systems (OCPS)

Quick Start Guide

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WELCOME

Welcome to the Department of Public Works, Bureau of Contract Administration's (BCA) Online Certified Payroll System (OCPS). BCA has developed a web-based application that will allow contractors to submit certified payroll records (CPRs) electronically. Contractors, who are awarded a project, along with their subcontractors and employers of any tier will be given access to the OCPS in order to submit CPRs as required by the California State Labor Code.

The OCPS will allow contractors/subcontractors/employers of any tier to enter and store payroll records from any computer with internet access. BCA has taken the steps necessary to ensure that the information entered will be saved and stored in a secure environment. However, as a reminder, it is recommended that contractors maintain a copy of their payrolls for their own records.

Should you have any further questions or if you encounter any technical issues while using the OCPS, feel free to contact the Labor Compliance analyst in charge of the project for which you were awarded. Questions regarding labor compliance should also be directed towards the Labor Compliance analyst for a particular project.

For questions or comments contact OCPS help desk:

ocps.help@lacity.org

REGISTRATION

Prior to gaining access to the online payroll system, users must submit the following two forms (attached here):

1. REQUEST FOR ACCESS TO ONLINE CERTIFIED PAYROLL SYSTEM

Complete the form as described. The OCC will use this form to provide those listed on the form with a login ID and temporary password. This form must be signed by your company's owner, partner, or executive officer, as listed under your contractor's license detail.

When completed, please email the form to: ocps.help@lacity.org

A copy of this form can also be viewed at https://ocps.bca.lacity.gov/LogIn.cfm

2. E-SIGNATURE AUTHORIZATION

Please read the terms of the Authorization Agreement and complete the form as described. The OCC will use this form to grant you access to certify your payrolls electronically. The OCPS will provide you with a temporary password when you log on for the first time.

This form must be signed by your company's owner, partner, or executive officer, as listed under your contractor's license detail.

When completed, please email the form to: ocps.help@lacity.org

A copy of this form can also be viewed at https://ocps.bca.lacity.gov/LogIn.cfm

CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF CONTRACT ADMINISTRATION

REQUEST FOR ACCESS TO ONLINE CERTIFIED PAYROLL SYSTEM

Full Project Name: ✱			
Project's OCPS Work Order No.: ✱		Project's D.I.R Registration No.: ✱	
Project's Awarding Department: ✱		Project's Contract No.:	
Contractor's Complete Name: Sub: Prime: ✱			
Contractor's Mailing Address: ✱			
Contractor's Phone Number(s): ✱		Contractor's Email Address: ✱	
Contractor's D.I.R. Registration No.: ✱			
Contractor's License No. (CSLB#) / or (MCP#) : ✱		Contractor's Federal Tax ID No.:	
Contractor's Business Tax Registration Certificate(BTRC#): ✱			
Contractor's Scope of Work: ✱			

✱ Indicates required field. If not sure, please contact your project prime contractor.

I,_____, am representing the company listed above. I authorize the following employees to use the Bureau of Contract Administration's (BCA) Online Certified Payroll System to submit and certify payrolls on behalf of the company.

Employee's Name:	Employee's E-mail Address:

This request is effective immediately upon receipt by the BCA and will remain in effect until I choose to cancel this request via written notification to the BCA. I understand that it is my responsibility to update and/or cancel this request under all circumstances, including the departure or terminated association of myself or any or the above-listed employees with the above-listed contractor.

Signature of Representative: _____

Title: _____

Representative's Email Address: _____

Date: _____

✱ Please scan and email this signed copy along with the E-Signature Authorization form to: OCPS.help@lacity.org ✱

E- Signature Authorization
Online Certified Payroll System (OCPS)
Public Works, Bureau of Contract Administration
Office of Contract Compliance

This authorization may only be completed by a registered owner, partner, executive officer, or authorized employee (with proof of authorization) of the contractor submitting this form and must contain an original signature to be submitted to the OCC.

Authorization Agreement
I am an owner, partner, executive officer, or duly authorized employee of the below-listed contractor and have authority to enter into agreements on behalf of the below-listed contractor. By signing this Electronic Signature Authorization Agreement, I authorize the BCA to accept, via electronic submission, documents submitted from the below-listed contractor as required by the BCA's Online Certified Payroll System, which may include, but is not limited to: Certified Payroll Records and Statements of Compliance.

I agree for the below-listed contractor that it will exclusively use BCA's Online Certified Payroll System for all City of Los Angeles public works projects on which the below-listed contractor is required to submit Certified Payroll Reports electronically. I understand that BCA may change the Online Certified Payroll System from time to time. I agree that the below-listed contractor will electronically sign, by use of an established Personal Identification Number (PIN), all documents requiring a signature that are submitted to BCA via its Online Certified Payroll System.

My signature on this form certifies that:
I agree that my Personal Identification Number (PIN) which I establish on BCA's Online Certified Payroll System constitutes my electronic signature. I understand that any information and documents submitted using my PIN is electronically certifying my signature. I understand that I am legally bound, obligated, and responsible by use of my PIN/electronic signature as much as I would be by my handwritten signature. I agree that I will protect my signature from unauthorized use, and that I will contact BCA immediately, upon discovery that my PIN/electronic signature has been lost, stolen, or otherwise compromised. I certify that my PIN/electronic signature is for my own use, that I will keep it confidential, and that I will not delegate it or share it with any individual.

This request is effective immediately upon receipt by the BCA and will remain in effect until I choose to cancel this request via written notification to the BCA. I understand that it is my responsibility to update and/or cancel this request under all circumstances, including my departure or terminated association with the below-listed contractor.

Contractor Information	
Contractor Name:	Contractor's License No. (CSLB#):
Mailing Address:	Federal Tax ID No.:
	Select One: ☐ Prime Contractor ☐ Subcontractor
Email Address:	Phone No.: Fax No.:

Contactor Signature	
Print Name:	Print Title:
Signature:	Date:

Please scan and email the signed copy of this agreement along with the Request for Access form to: OCPS.help@lacity.org

FOR INTERNAL USE ONLY		
Accepted by OCC Analyst:	Signature	Date:

GETTING STARTED

Prior to beginning this section, the user should already have a user ID and password to access the system. If not, please contact OCPS staff prior to proceeding.

Open your preferred web browser and enter the following secured web link:
https://ocps.bca.lacity.gov/Login.cfm

LOGIN INFORMATION

Enter the User ID and password information assigned to you by BCA staff and click Login.

When you log on for the first time, you will be asked to create your own password. Your temporary password will expire after your first successful log on.

You should see the following screen. If you do not see the screen, then please submit an E-Signature Authorization form and Request for Access form as described in the REGISTRATION section of this manual. If you have already done so, and still do not see the screen, please contact OCC.

Change Your Password

Help

Change Password	
Current Password: *	[ ]
	Password Rules
	>Length must be 8 or greater
New Password: *	[ ] >Must contain at least one uppercase and lowercase letter
	>Must contain at least one number
Confirm Password: *	[ ] >Must contain at least one of the following special characters ! @ # $ % ^ & * ( ) ~ _ -

[Update] [Cancel]

New Password Requirements: When creating your password, it must be 8 or more characters in length. It Must contain at least one uppercase and one lower case letter. Additionally, it must contain at least one number and one special character listed above.

Confirm Password: Re-enter your new password in order to confirm that this is the password you intend to use.

Select a PIN to Certify Payrolls: Enter a Personal Identification Number (PIN) that consists of 4 to 6 digits. This will be used to electronically sign your payroll's Statement of Compliance.

Click [Cancel] if you decide not to log in at this time.

Click [Update] to update your password and PIN and login.

Once you are logged on, you will see the home page.