

PREVAILING WAGE NOTIFICATION TO EMPLOYEE

Project Name:	Job Number:																																				
Contractor:																																					
Project Location:																																					
Jobsite posting of prevailing wage rates located:																																					
Prevailing Wage Coordinator																																					
Name:																																					
Street:																																					
City:																																					
State / Zip:																																					
Phone:																																					
Employee																																					
Name:																																					
Street:																																					
City:																																					
State / Zip:																																					
Phone:																																					
<p>You will be performing work on this project that falls under these classifications. You will be paid the appropriate rate for the type of work you are performing.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Classification</th> <th style="width: 35%;">Prevailing Wage Rate Total Package</th> <th style="width: 15%;">Minus Your Fringe Benefits</th> <th style="width: 25%;">Your Hourly Base Rate</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Classification	Prevailing Wage Rate Total Package	Minus Your Fringe Benefits	Your Hourly Base Rate																																
Classification	Prevailing Wage Rate Total Package	Minus Your Fringe Benefits	Your Hourly Base Rate																																		
<p>Hourly fringe benefits paid on your behalf by this company.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Fringe</th> <th style="width: 35%;">Amount</th> <th style="width: 15%;">Fringe</th> <th style="width: 25%;">Amount</th> </tr> </thead> <tbody> <tr><td>Health Insurance</td><td> </td><td>Health Insurance</td><td> </td></tr> <tr><td>Life Insurance</td><td> </td><td>Holiday</td><td> </td></tr> <tr><td>Pension</td><td> </td><td>Sick Pay</td><td> </td></tr> <tr><td>Bonus</td><td> </td><td>Training</td><td> </td></tr> <tr><td>Other</td><td> </td><td>TOTAL HOURLY FRINGES</td><td> </td></tr> </tbody> </table>		Fringe	Amount	Fringe	Amount	Health Insurance		Health Insurance		Life Insurance		Holiday		Pension		Sick Pay		Bonus		Training		Other		TOTAL HOURLY FRINGES													
Fringe	Amount	Fringe	Amount																																		
Health Insurance		Health Insurance																																			
Life Insurance		Holiday																																			
Pension		Sick Pay																																			
Bonus		Training																																			
Other		TOTAL HOURLY FRINGES																																			
Contractor's Signature:																																					
Employee's Signature:																																					
Date:																																					
Date:																																					