

PREVAILING WAGE NOTIFICATION TO EMPLOYEE

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|---|---------------------------------------|-------------------------------|--------------------------|
| Project Name: | | Job Number: | |
| Contractor: | | | |
| Project Location: | | | |
| Jobsite posting of prevailing wage rates located: | | | |
| Prevailing Wage Coordinator | | Employee | |
| Name: | | Name: | |
| Street: | | Street: | |
| City: | | City: | |
| State / Zip: | | State / Zip: | |
| Phone: | | 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> | | | |
| Classification | Prevailing Wage Rate Total Package | Minus Your Fringe Benefits | Your Hourly Base Rate |
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| | | | |
| Hourly fringe benefits paid on your behalf by this company. | | | |
| Fringe | Amount | Fringe | Amount |
| Health Insurance | | Vacation | |
| Life Insurance | | Holiday | |
| Pension | | Sick Pay | |
| Bonus | | Training | |
| Other | | TOTAL HOURLY FRINGES | |
| Contractor's Signature: | | Date: | |
| Employee's Signature: | | Date: | |