PREVAILING WAGE NOTIFICATION TO EMPLOYEE

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

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