

PREVAILING WAGE NOTIFICATION TO EMPLOYEE

(need one for each employee UNLESS a union company covered by a collective bargaining agreement)

Project Name:	Job Number:
Contractor:	
Project Location:	
Jobsite posting of prevailing wage rate located: Field Trailer	

Subcontractor's 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:		Vacation:	
Life Insurance:		Holiday:	
Pension:		Sick Pay:	
Bonus:		Training:	
Other:		Total Hourly Fringes:	

Contractor's Signature	Date
Employee's Signature	Date