**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:  |

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| 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 |
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| 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 |   | Training |   |
| Other |   | **Total Hourly Fringes** |   |
| Contractor’s Signature: | Date:  |
| Employee’s Signature: | Date:  |