**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: |