

PREVAILING WAGE NOTIFICATION TO EMPLOYEE

Project Name:	Job Number:
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Employer Name:

Project Location:

Jobsite posting of prevailing wage rates located:

Prevailing Wage Coordinator	Employee
Name: PW Coordinator	Name:
Street: 1800 EAST 17TH AVENUE	Street:
City: COLUMBUS	City:
State/Zip: OH/43219	State/Zip:
Phone: (614) 645-0437 OR (614) 645-1270	Phone:

You will be performing work on this project that falls under these classification. You will be paid the appropriate rate for the type of work you are performing.

Classification	Rate Total Package	Fringe Benefits	Base Rate

Hourly fringe benefits paid on your behalf by this company.

Fringe	Amount	Fringe	Amount
Health Insurance		Vacation Pay	
Life Insurance		Sick Pay	
Pension		Holiday Pay	
Bonus		Training	
Other		TOTAL HOURLY FRINGES	

Contractor's Signature:	Date:
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Employee's Signature	Date:
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