

**Wage Information**

Project # - Name: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please complete wage information below; only list the classifications you will be using.

Prevailing Wage Rates:			
Classification	Hourly Rate	Fringe Rate **	Total
(Your Rates)	\$ _____	\$ _____	\$ _____
(Wage Determination Rates)	\$ _____	\$ _____	\$ _____
(Your Rates)	\$ _____	\$ _____	\$ _____
(Wage Determination Rates)	\$ _____	\$ _____	\$ _____
(Your Rates)	\$ _____	\$ _____	\$ _____
(Wage Determination Rates)	\$ _____	\$ _____	\$ _____

**\*\* Please attach a copy of the fringe plan that shows the hourly fringe of each employee and what is included (i.e., vacation, 401K, etc.)**

Employees must be paid weekly per Federal and State regulations, and payrolls must be submitted to Portzen Construction, Inc. on a weekly basis.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date