PROJECT WAGE RATE SHEET

Project Name:	Wage Decision Number/Modification Number
Project Number:	Project County:

Employee	Work Classification*	Hourly Rate	Fringe Benefits						Total Wage
			Health Insurance	Vacation Pay	Sick Leave Pay	Retirement Benefits	Other - List: _____	TOTAL FRINGE	

This form is a breakdown of the hourly rate plus the company-paid fringe benefits for each employee working on this project.

* List each classification for an employee on a different line and indicate category (i.e. building or heavy) for each classification.

_____

(Company person authorized to sign)
(Company name)