

PROJECT WAGE RATE AND SECTION 3 CLASSIFICATION FORM

Project Name:			Wage Decision & Modification Number:				Contractor:					
Project Number:			Project County:				Person Completing Form:					
							Title:					
Employee Name	Wage Classification <i>(must be listed in wage decision or approved additional classification)</i>	Hourly Rate	Fringe Benefits						Total Wage	Initial Hire Date	Section 3 Worker (Check)	Targeted Section 3 Worker (Check)
			Health Insurance	Vacation Pay	Sick Leave Pay	Retirement Benefits	Other - List: _____	TOTAL FRINGE				

_____ (Certifying Signature)

_____ (Date)

** If multiple pages are needed to list all workers, sign and date last page.*