

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION(S), RATE(S), AND FRINGE BENEFIT(S)

The contractor shall complete this portion and submit the request, in quadruplicate, to the contracting officer.

CONTRACTOR		ADDRESS <i>(Street, city and State, including ZIP code)</i>		
SUBCONTRACTOR <i>(If applicable)</i>		ADDRESS <i>(Street, city and State, including ZIP code)</i>		
CONTRACT NO.	PROJECT NO.	PROJECT LOCATION <i>(City, county and State)</i>	DATE	
			BID OPENING	AWARD
DESCRIPTION OF PROJECT AND WORK TO BE PERFORMED <i>(Including tools used by laborer(s) and/or mechanic(s) if necessary to establish proper classification)</i>				

In order to complete work provided for under the above contract, it is necessary to establish the following classification(s), hourly rate(s), and fringe benefit(s), if applicable, for addition to wage determination.

CLASSIFICATION	BASIC HOURLY RATE	FRINGE BENEFITS					NUMBER	DATED
		H&W	PENSIONS	VACATION	APP. TR.	OTHERS		

SUBCONTRACTOR REPRESENTATIVE <i>(If applicable)</i>		PRIME CONTRACTOR REPRESENTATIVE	
SIGNATURE	DATE	SIGNATURE	DATE
TITLE		TITLE	

The contracting officer shall complete this portion. *(Check as appropriate - see GSAR 522.405-3)*

- THE PROPOSED CLASSIFICATION(S) AND RATE(S) ARE APPROVED SUBJECT TO REVIEW BY THE DEPARTMENT OF LABOR AND ARE BEING REPORTED TO THE DEPARTMENT OF LABOR FOR CONSIDERATION
- THE INTERESTED PARTIES CANNOT AGREE ON THE PROPER CLASSIFICATION AND WAGE RATE OF CERTAIN LABORER(S) AND MECHANIC(S) TO BE USED FOR THIS CONTRACT. THE QUESTION, ACCOMPANIED BY THE AVAILABLE INFORMATION AND RECOMMENDATION(S) OF THE CONTRACTING OFFICER, IS BEING REFERRED TO THE SECRETARY OF LABOR FOR FINAL DETERMINATION.

SIGNATURE	TITLE <i>(Contracting Officer or his/her authorized representative)</i>	DATE
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<p>TO:</p> <p>U.S. Department of Labor Employment Standards Administration Wage Hour Division Branch of Construction Contract Wage Determination Washington, DC 20210</p>	<p>FROM: <i>(Reporting Office)</i></p>
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