



WORKER WAGE RATE NOTIFICATION

IE2 Construction Project Number:

This form or an equivalent thereto, shall be used by Contractors engaged in execution of: _____, (Owner) construction contracts in accordance with the Prevailing Wage Guidelines and the requirements of the Uniform General and Supplementary General Conditions or the Contract. This notice must be delivered and signed by all workers involved in the project and must list both monetary wages and fringe benefits required to be paid to the worker. For workers engaged in multiple classifications, submit separate Wage Notification forms for each classification upon the beginning of such work.

Project:

General Contractor: **IE2 Construction, Inc.**

Subcontractor:

Employee Name (printed):

Social Security Number:

Work Classification:

(For this project where applicable as the Employer of the Employee named herein)

Base Rate Health Pension Vacation Total

Wage Rate Required
(per contract wage schedule)

Actual Wages Paid
(per employment agreement)

As the EMPLOYEE NAMED ABOVE, I hereby acknowledge receipt of this notice and by my signature below indicate my agreement with both the Classification of work to which I have been assigned on this project and to the wages proposed to be paid to me for such work.

Attest:

Employee Signature

Witness

Date

Witness Printed Name

Date