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***SECTION 7***  
***PREVAILING WAGE RATES***

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## **DAVIS-BACON FEDERAL WAGE DECISION**

The Contractor agrees that each individual employed by the Contractor or any Subcontractor and engaged in work on the project under this contract shall be paid the prevailing wage established by the U.S. Department of Labor under the Davis-Bacon and related Acts. This shall occur regardless of any contractual relationship which may be said to exist between the Contractor and any individual or any Subcontractor and any individual.

The Prevailing Wage Determination Schedule for this project is attached for review. These wages are subject to change pending modifications by the Department of Labor. Wage Determination Schedules can be viewed via the internet at <http://www.wdol.gov/dba.aspx>.






## How to Correctly Fill Out a WH-347 Payroll Form

The completion of the WH-347 Payroll Form is optional; contractors may utilize their own payroll system as long as it conforms to the WH-347 Payroll Form and contains all the necessary information. If you utilize WH-347 Payroll Form as a pdf, saving it electronically aids in making any needed corrections.

Check one of the boxes and list name of contractor or subcontractor


The last day of the payroll period.

Fill out completely with contractor or subcontractor address



**U.S. Department of Labor**  
Employment Standards Administration  
Wage and Hour Division

**PAYROLL**  
(For Contractor's Optional Use; See instructions at [www.dol.gov/esa/whd/forms/wh-347instr.htm](http://www.dol.gov/esa/whd/forms/wh-347instr.htm))  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



**WHEDA**  
U.S. Wage and Hour Division  
Rev. Dec. 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR   
Sample Construction Company

ADDRESS 385 West Drive, Madison WI 53703

OMB No.: 1215-0149  
Expires: 12/31/2011

PROJECT OR CONTRACT NO.  
3000

PAYROLL NO. 8	NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER Alex Driver - ###	WORK CLASSIFICATION Power Equipment Operator Bull Dozer Group 12	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES FOR WEEK		
			Sun	Mon	Tue	Wed	Thur	Frid	Sat				State withholding tax	Medicare	OTHER DEDUCTIONS			
			18	19	20	21	22	23	24	2.00	\$62.83	\$1,422.84	\$185.15	\$156.97	\$50.31	\$85.00	\$24.43	\$1,374.03
			8.00	9.00	5.00	6.00				27.50	\$1,320.16	\$2,012.46						

FOR WEEK ENDING 04/24/2010

PROJECT AND LOCATION: Robin Street Apartments, Delafield WI 53018

The name and location of project.

Indicate the days and dates of the pay period. (should match week ending directly above)

The prime contractor should include the project number as listed in the loan

List each worker's name.  
Only laborers and mechanics performing construction work under the contract should be listed.  
Please note: Business Owners need only include their name, work classification including "owner" and the daily total hours worked.

Specify the job classification located in the contract wage decision and/or the corresponding job title.

List hourly wage rate and fringes paid in cash (not those paid to plans)

Specify the net amount paid to the employee for the pay

NAME AND INDIVIDUAL IDENTIFYING NUMBER (6, 9, LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER OF WORKER)	WORK CLASSIFICATION	(4) DAY AND DATE							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	MEDICAID	DEDUCTIONS	TOTAL DEDUCTIONS	NET WAGES PAID TO WORKER FOR WEEK
		Sun	Mon	Tue	Wed	Thurs	Frid	Sat								
Alex Driver - ####	Power Equipment Operator Bull Dozer Group 2							3.00	\$62.83	\$1,422.84	\$161.00			\$538.43	\$1,374.03	
Jason Worker - ####	General Laborer							4.00	\$45.20	\$1,702.78	\$136.06			\$47.71	\$1,233.07	
Shawn Worker - ####	Carpenter							1.50	\$60.19	\$1,064.72	\$111.00	\$54.27	\$47.19	\$47.19	\$1,406.18	
Roy Wrench - ####	Apprentice Carpenter 1st 6 mo. at 40%							4.00	\$32.72	\$1,064.72	\$85.18	\$105.41	\$26.62	\$307.71	\$757.01	
Bart Turner - ####	Plumber							20.00	\$67.88	\$1,004.80	\$163.46	\$147.11	\$51.08	\$480.16	\$1,563.04	
	Steamfitter							20.00	\$69.13	\$1,038.40	\$163.46	\$147.11	\$51.08	\$480.16	\$1,563.04	
	Power Equipment Operator Rotary Drill Group 4							24.00	\$60.80	\$1,459.20	\$115.44	\$142.48	\$35.98	\$415.93	\$1,023.27	

Must accurately reflect overtime and straight time hours worked under the contract.

Specify the gross earnings for the hours worked under the contract.

(For Contractors' Optional Use) See instructions at [www.dol.gov/esa/whd/forms/wh347instr.htm](http://www.dol.gov/esa/whd/forms/wh347instr.htm)  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Company Name: [Blank]  
ADDRESS: 385 West Drive, Madison, WI 53703  
PROJECT AND LOCATION: Robin Street Apartment, Delafield WI 53018  
PROJECT OR CONTRACT NUMBER: 3000

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each worker on the project. Contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each worker on the project. Contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each worker on the project. Contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each worker on the project.

Public Burden Statement

If part of a worker's weekly wage was earned on projects other than the project described on this payroll, enter the gross amount earned on this contract in the top half of column 7. Enter the gross amount earned during the week for all projects in the bottom half.

Alex Driver worked 29.5 hours on this contract and 12.5 hours on another contract. The gross wages earned on this project, \$1,422.84, is entered in the top half of column 7. The gross wages earned on all projects, \$2,012.46, is entered in the

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER OF WORKER)	(2) JOB IDENTIFYING NUMBER	(3) WORK CLASSIFICATION	(4) DAY AND DATE							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	DEDUCTIONS					NET WAGES PAID FOR WEEK	
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	State with- holding tax	Medicare	OTHER		TOTAL DEDUCTIONS
			Sun	Mon	Tue	Wed	Thu	Fri	Sat										
Alex Driver - ####	2	Power Equipment Bull Dozer Group 2									2.00	\$62.83	\$1,422.84	\$61.00	\$156.97	\$50.31	\$85.00	\$638.43	\$1,374.03
Jason Worker - ####	2	General Laborer									4.00	\$40.70	\$2,012.46	\$35.06	\$132.66	\$42.52	\$467.71	\$1,233.07	
Sharon Wood - ####	3	Carpenter									1.50	\$60.19	\$1,700.78	\$151.00	\$154.77	\$47.19	\$481.31	\$1,406.18	
Reggie Tree - ####	1	Apprentice Carpenter 1st 6 mo. at 40%									40.00	\$32.72	\$1,064.72	\$85.18	\$105.41	\$90.50	\$307.71	\$757.01	
Roy Wrench - ####	5	Plumber									20.00	\$67.88	\$1,004.80	\$163.46	\$147.11	\$118.51	\$480.16	\$1,563.04	
Roy Wrench - ####	5	Steamfitter									20.00	\$69.13	\$1,038.40	\$115.41	\$142.48	\$35.98	\$415.53	\$1,023.27	
Bart Turner - ####	1	Power Equipment Rotary Drill Group 4									24.00	\$60.80	\$2,043.20	\$115.41	\$142.48	\$35.98	\$415.53	\$1,023.27	

If an employee performs multiple work classifications under the contract, use two or more lines to distinguish the different job classifications, hours worked, and hourly wage earned for each.

Combine the two classifications when recording the gross amount earned for this pay period, deductions, and net wages.



A registered apprentice performing work under a contract must be reported. The payroll must include the current pay scale & provide a copy of the apprenticeship agreement.

Provide explanation of "other" deductions on signatory page.



Division  
08  
5-0149  
2/23/2011

**PAYROLL**  
Optional Use; See instructions at [www.dol.gov/esa/whd/forms/wh347](http://www.dol.gov/esa/whd/forms/wh347)  
Please respond to the collection of information unless it displays a currently valid OMB control number.

ADDRESS 385 West Drive, Madison WI 53703  
PROJECT OR CONTRACT NO. 3000

PROJECT AND LOCATION  
Robin Street Apartments, Delafield WI 53018

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER OF WORKER)	(2) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK
		Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	WITH- HOLDING TAX	State with holding tax	
Alex Driver - #####	Power Equipment Bull Dozer Group 2							2.00	\$62.83	\$1,422.84	\$161.00	\$156.97	\$50.31	\$85.00	\$1,374.03
Jason Worker - #####	General Laborer							4.00	\$49.20	\$2,012.46	\$136.06	\$132.66	\$42.52		\$1,233.07
Sharon Wood - #####	Carpenter							40.00	\$60.19	\$1,887.49	\$151.00	\$128.35	\$47.19	\$481.31	\$1,406.18
Reggie Tree - #####	Apprentice Carpenter 1st 6 mo. at 40%							1.50	\$32.72	\$1,064.72	\$85.18	\$90.50	\$26.62		\$737.01
Roy Wrench - #####	Plumber							20.00	\$67.88	\$1,004.80	\$163.46	\$118.51	\$51.08	\$480.16	\$1,563.04
Roy Wrench - #####	Steamfitter							20.00	\$69.13	\$1,038.40	\$115.14	\$122.33	\$35.98	\$415.93	\$1,023.27
Bart Turner - #####	Power Equipment Rotary Drill Group 4							24.00	\$60.80	\$2,043.20	\$115.14	\$142.48	\$35.98	\$415.93	\$1,023.27

While completion of Form WH-347 is required for all contractors, the following information is not required for contractors who are not subject to the Davis-Bacon Act (40 U.S.C. § 3145) or the Copeland Act (29 C.F.R. § 5.5(g)(3)(ii)) or mechanic has been paid.

We estimate that it will take approximately 15 minutes to complete this form. If you have any comments regarding this form, please contact the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**Burden Statement**  
We estimate that it will take approximately 15 minutes to complete this form. If you have any comments regarding this form, please contact the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Fringe benefits are not paid as cash to Bart Turner: explanation is included under "(c) exceptions" on signatory page.





# CONTRACTOR FRINGE BENEFIT STATEMENT

Contract # /Project Name:	Contract Location:	Today's Date:
Contractor / Subcontractor Name:		Business Address:

In order that the proper Fringe Benefit rates can be verified when checking payrolls on the above contract, the hourly rates for fringe benefits, subsistence and/or travel allowance payment made for employees by the employer on the various classes of work are tabulated below. **Please Include Apprentice Rates.**

	Classification:	Effective Date:	Subsistence or Travel Pay: \$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	_____
	Pension \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	_____
	Vacation/Holiday \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	_____
	Training \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	_____
	Other \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	_____

	Classification:	Effective Date:	Subsistence or Travel Pay: \$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	_____
	Pension \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	_____
	Vacation/Holiday \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	_____
	Training \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	_____
	Other \$ _____ hr	Paid To: Name of Plan/Fund/Program: _____ Address: _____	_____

Supplemental statements must be submitted during the progress of the work should there be an increase or change in rates. Use additional sheets as necessary. (Attach a copy of your most recent premium transmittal (including copy of check submitted) into each of the above plans/funds/programs or a letter from the above plans/funds/programs reflecting current payment status).

I certify under penalty of perjury that fringe benefits are paid to the approved plans, funds or programs as listed above.

Name and Title	Signature and Date (Wet Signature Required)
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# PREVAILING WAGE NOTIFICATION TO EMPLOYEE

Project Name:		Job Number:	
Contractor:			
Project Location:			
Jobsite posting of prevailing wage rates located:			
<b>Prevailing Wage Coordinator</b>		<b>Employee</b>	
Name:		Name:	
Street:		Street:	
City:		City:	
State / Zip:		State / Zip:	
Phone:		Phone:	
<p>You will be performing work on this project that falls under these classifications. You will be paid the appropriate rate for the type of work you are performing.</p>			
<b>Classification</b>	<b>Prevailing Wage Rate Total Package</b>	<b>Minus Your Fringe Benefits</b>	<b>Your Hourly Base Rate</b>
Hourly fringe benefits paid on your behalf by this company.			
<b>Fringe</b>	<b>Amount</b>	<b>Fringe</b>	<b>Amount</b>
Health Insurance		Vacation	
Life Insurance		Holiday	
Pension		Sick Pay	
Bonus		Training	
Other		<b>TOTAL HOURLY FRINGES</b>	
Contractor's Signature:		Date:	
Employee's Signature:		Date:	

"General Decision Number: WV20240073 01/19/2024

Superseded General Decision Number: WV20230073

State: West Virginia

Construction Type: Heavy

County: Ohio County in West Virginia.

Note: Contracts subject to the Davis-Bacon Act are generally required to pay at least the applicable minimum wage rate required under Executive Order 14026 or Executive Order 13658. Please note that these Executive Orders apply to covered contracts entered into by the federal government that are subject to the Davis-Bacon Act itself, but do not apply to contracts subject only to the Davis-Bacon Related Acts, including those set forth at 29 CFR 5.1(a)(1).

<p>If the contract is entered into on or after January 30, 2022, or the contract is renewed or extended (e.g., an option is exercised) on or after January 30, 2022:</p>	<ul style="list-style-type: none"> <li>. Executive Order 14026 generally applies to the contract.</li> <li>. The contractor must pay all covered workers at least \$17.20 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in 2024.</li> </ul>
<p>If the contract was awarded on or between January 1, 2015 and January 29, 2022, and the contract is not renewed or extended on or after January 30, 2022:</p>	<ul style="list-style-type: none"> <li>. Executive Order 13658 generally applies to the contract.</li> <li>. The contractor must pay all covered workers at least \$12.90 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on that contract in 2024.</li> </ul>

The applicable Executive Order minimum wage rate will be adjusted annually. If this contract is covered by one of the Executive Orders and a classification considered necessary for performance of work on the contract does not appear on this wage determination, the contractor must still submit a conformance request.

Additional information on contractor requirements and worker protections under the Executive Orders is available at <http://www.dol.gov/whd/govcontracts>.

Modification Number	Publication Date
0	01/05/2024
1	01/19/2024

CARP0441-006 12/01/2020

	Rates	Fringes
CARPENTER, Includes Form Work....	\$ 33.80	17.61

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\* ELEC0246-006 10/31/2023

	Rates	Fringes
ELECTRICIAN.....	\$ 42.50	84%+36.47

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ENGI0132-019 12/01/2022

	Rates	Fringes
POWER EQUIPMENT OPERATOR:		
GROUP 1.....	\$ 39.95	19.55
GROUP 2.....	\$ 37.19	19.55
GROUP 3.....	\$ 36.08	19.55

POWER EQUIPMENT OPERATOR CLASSIFICATIONS

GROUP 1: Cranes (All types, including Tower Cranes), Loaders of six (6) cubic yard capacity and over, Excavators with an operating weight of one hundred ten thousand (110,000) pounds and over.

GROUP 2: Loaders up to six (6) cubic yard capacity, Backhoe, Bulldozers, Compactor, Forklift, Grader/Blade, Mechanic, Excavators with an operating weight of up to one hundred ten thousand (110,000) pounds, Tractor, Trencher.

GROUP 3: Roller.

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IRON0549-012 12/01/2023

	Rates	Fringes
IRONWORKER, ORNAMENTAL, REINFORCING AND STRUCTURAL.....	\$ 35.50	27.11

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LAB00379-047 12/01/2021

	Rates	Fringes
LABORER:		
GROUP 1.....	\$ 26.32	16.50
GROUP 2.....	\$ 25.26	16.50

GROUP 1: Bobcat Operator (Clean up/Demolition), Chain Saw, Concrete Saw(Hand Held/Walk Behind), Concrete Worker, Hand Held Drill, Grade Checker, Mason Tender-Cement/Concrete, Pipelayer, Wacker Roller Operator

GROUP 2: Carpenter Tender, Common or General, Demolition, Flagger

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LAB01149-012 12/01/2020

	Rates	Fringes
LABORER:		

Asphalt Raker.....	\$ 26.17	16.75
Jack Hammer.....	\$ 26.17	16.75
Tamper (Hand Held).....	\$ 26.17	16.75

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PAIN1144-006 12/01/2023

Rates Fringes

PAINTER: Spray.....	\$ 33.38	18.04
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PLAS0926-001 12/01/2023

Rates Fringes

CEMENT MASON/CONCRETE FINISHER...	\$ 33.13	22.10
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TEAM0175-008 12/07/2015

Rates Fringes

TRUCK DRIVER		
Flatbed Truck.....	\$ 30.98	15.98
Off the Road Truck.....	\$ 31.77	15.98
Pick-up Truck.....	\$ 30.01	15.98
Tractor Haul Truck.....	\$ 31.77	15.98

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\* UAVG-WV-0016 01/01/2019

Rates Fringes

LABORER (Mortar Mixer).....	\$ 26.17	16.50
LABORER (Vibrating Plate).....	\$ 26.17	16.50

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\* UAVG-WV-0022 01/01/2019

Rates Fringes

POWER EQUIPMENT OPERATOR (Drill).....	\$ 32.19	18.30
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SUWV2012-071 08/13/2012

Rates Fringes

OPERATOR: Bobcat/Skid Steer/Skid Loader.....	\$ 24.75	14.94
OPERATOR: Boom.....	\$ 28.71	11.59
OPERATOR: Oiler.....	\$ 22.03	14.64
OPERATOR: Paver (Asphalt, Aggregate, and Concrete).....	\$ 24.39	15.50
PIPEFITTER.....	\$ 35.86	19.30
Truck Driver, Dump (Excluding Off the Road Trucks).....	\$ 23.50	11.86

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WELDERS - Receive rate prescribed for craft performing  
operation to which welding is incidental.

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Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at <https://www.dol.gov/agencies/whd/government-contracts>.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (iii)).

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The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of ""identifiers"" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

#### Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than ""SU"" or ""UAVG"" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

#### Survey Rate Identifiers

Classifications listed under the ""SU"" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that



classification. As this weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

#### Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

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#### WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

- \* an existing published wage determination
- \* a survey underlying a wage determination
- \* a Wage and Hour Division letter setting forth a position on a wage determination matter
- \* a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour National Office because National Office has responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations  
Wage and Hour Division  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an

interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

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END OF GENERAL DECISION"