

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
OFFICE OF LABOR RELATIONS

Report of Additional Classification and Wage
Rate to Wage Determination Number: _____

*Trade Classification: _____

PROJECT NAME: _____ PROJECT NO: _____

Complete one of the following paragraphs A-D to document that the classification and wage rate are prevailing in the area for your type of construction.

A. As Prime Contractor I have surveyed the following contractors (in the area) and have found the classification of work at the following rates of pay and fringe benefits (where applicable):

| Contractor/Location (city/state) | Base Rate | Fringe Benefits |
|----------------------------------|-----------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Proposed prevailing rate: _____ plus fringe benefit of _____

B. I am currently under a labor agreement and this classification has a base rate of _____ and fringe benefit of _____, according to our contract.

Copy of contract enclosed ; copy of union contract has been provided your office _____.

C. I am not under a union agreement or the union agreement does not state the requested classification and rate proposed; however, the employee and/or his/her representative have agreed that this classification is prevailing and has the following prevailing base rate of _____ and fringe benefits of _____.

Employee _____ or Representative _____

Title _____

D. Attached are signed statements from the Secretary of the Trade Association representing contractors (e.g., AGC, ABC) and the Secretary of the Building Trades Council having jurisdiction (representing Labor), stating the classification is prevailing and the prevailing minimum wage rate.

| | |
|---------------------------------------------------------|-----------------------------------------------------|
| _____ (Signature of Prime Contractor) DATE: _____ | _____ (Signature of Director of Labor Relations) |
|---------------------------------------------------------|-----------------------------------------------------|

*Additional classifications needed for work not included within the scope of the classifications listed in the DOL wage determination may be added after award only as provided in the labor standards contract

clauses (29 CFR 5.5 (a)(1)(ii)).

NOTE: Use of this form is optional.
No penalty will be imposed on
individuals who refrain from
using it.

HUD-4230A (optional Form)
OMB No. 2501-0011