Maintenance Wage Rate						
Survey		OMB Approval Number 2501-0011 (Exp. 03/31/2025)				
		Davis-Bacon a			` '	
Requesting Agency Name / Address:			or further in	formation, ple	ase contact:	
		Na	ame:			
		Ti	tle:			
			elephone:			
			nail:			
		Fa	ax:			
for maintenance workers	echanics that perfection in the community of the community of the community in this community inform	perform mainte nd Urban Deve e operation of s survey is volu ation and instr	enance we lopment ( HUD-assi Intary and uctions fo	ork. The res (HUD) to est isted public d confidenti	sults of this survey will ablish prevailing wage rate and Indian housing al. Please see the reverse	
Respondent/Employer Business Name/Address:			Respo	Respondent Contact		
			Name	•		
			Title:			
			Teleph	none:		
			Email:			
			Date S	Submitted to		
			Agend			
Classification (Job Title)	No.	Average No.	Hourly Wage Rates			
	Employed in this Class.	Hours Worked Week	Basic Wage		Fringe Benefits (if any)	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

\$

(Use additional sheets, if necessary.)

\$

Maintenance	Wage	Rate
Survey		

## U.S. Department of Housing and Urban Development Davis-Bacon & Labor Standards

## **HUD FORM 4751**

OMB Approval Number 2501-0011 (Exp. 08/31/2022)

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering data needed, and completing and reviewing the collection of information. Certain information collected during this survey is exempt from release under the Freedom of Information Act (Exemption at: 5 USC 552 (b)(4) and (b)(6). Accordingly, the identities of the employers and any other persons that participate in this survey shall not be released to the public without the prior consent of such participants. Provision of this information is voluntary. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number.

This information collection facilitates the determination of prevailing maintenance wage rates pursuant to the U.S. Housing Act of 1937 and the Native American Housing Assistance and Self-Determination Act of 1996.

## Instructions

<u>Employer Name and Address, Contact Information, Date Submitted to Agency</u> – Self-explanatory. The name and contact information of the person most familiar with the information provided on this form are requested in the event that clarification or additional information is needed.

<u>Classification (Job Title)</u> – List the maintenance classification(s) or job title(s). Attach a copy of the job description, or on separate paper briefly describe the duties, experience required, and amount of supervision received or exercised for each job classification.

No. Employed in this Classification – List the number of workers employed in each classification.

<u>Average Hours of Work/Week</u> – For each classification group, indicate the typical total duty hours per week.

<u>Basic Hourly Wage Rate</u> – List the basic hourly wage rate(s) paid for each classification. Please list the actual hourly rate(s) paid; do not list pay ranges or averages. Workers that are employed in the same work classification, but which are paid *different* basic wage rates or fringe benefits must be listed separately by wage rate. See example, below.

<u>Fringe Benefits</u> – List the rate(s) of contributions for each classification for the following types of fringe benefits: vacation (including paid holidays, personal days); health and welfare (sick pay, health and/or life insurance); pension (retirement/annuity plans); and apprenticeship/training (fees regularly paid by the employer to established training programs). Include only *employer* contributions. Employer payments which are mandated by Federal, state or local law (e.g., Social Security, State disability or unemployment insurance) are *not* considered fringe benefits. Indicate hourly rates of contributions, if available; convert fringe benefits to hourly rates as shown in the example, below. If the amount of fringe benefit contributions varies among workers in the same classification, separate such workers by fringe benefit rates.

Example: A survey respondent employs nine maintenance workers. Seven workers are Maintenance Mechanics, and two workers are Maintenance Technicians. Two (2) Maintenance Mechanics are paid \$17.50/hour, three (3) are paid \$15.00/hour, and the last 2 are paid \$12.50/hour. Both Maintenance Technicians are paid \$10.00/hour. All employees work 40 hours per week and all employees receive 15 vacation days and 10 paid holidays plus Health and Welfare and Pension contributions at \$1.25/hour and \$.75/hour, respectively. Vacation and holidays are converted to hourly rates by annualizing the benefit's dollar value and dividing by 2080 hours, then added to the other hourly fringe benefits, e.g., for Maintenance Mechanics paid \$17.50/hour: 25 paid days off x 8 hours/day = 200 hours x \$17.50/hour = \$3,500 per year ÷ 2080 hours/year = \$1.68 + \$2.00 (H & W + Pen) = \$3.68/hour fringe benefits. The survey form (HUD-4751) should show 3 groups of Maintenance Mechanics (separating by wage rates) and one group of Maintenance Technicians:

Classification (Job Title)	No. Employed	Average No. of Hours	Hourly Wage Rates	
	in this Class.	Worked/Week	Basic Wage	Fringe Benefits
Maintenance Mechanic	2	40	\$17.50	\$3.68
Maintenance Mechanic	3	40	\$15.00	\$3.44
Maintenance Mechanic	2	40	\$12.50	\$3.20
Maintenance Technician	2	40	\$10.00	\$2.96