

. Section 6.9

WAGES AND PAYROLLS FORMS & DOCUMENTS

This is a list of forms and documents referenced in this chapter. Following this page, in numerical order are the forms and then in alphabetical order the documents.

NUMERICAL SEQUENCE

FDOT Form No.	Document Title	Work Book Section
700-010-07	Additional Classification Request Form	6.3
700-010-59	Payroll Violation	6.6
700-010-61	Trucker Interview	6,5.10
700-010-63	Employee Interview Report -Labor/EEO	6.4
700-010-67	Additional Federal Wage Rate Decisions (Poster)	4.2
700-010-69	Wage and Hour Record	6.5
US Dept of Labor Website	Wage Determinations	6.2
FDOT Equal Opportunity Office Website	Wage Determination Appeal Process (Poster)	4.2

ALPHABETICAL SEQUENCE

Document Title	FDOT Form No.	Work Book Section
Additional Classification Request Form	700-010-07	6.3
Additional Federal Wage Rate Decisions (Poster)	700-010-67	4.2
Employee Interview Report -Labor/EEO	700-010-63	6.4
Payroll Violation	700-010-59	6.6
Trucker Interview	700-010-61	6,5.10
Wage and Hour Record	700-010-69	6.5
Wage Determinations	US Dept of Labor Website	6.2
Wage Determination Appeal Process (Poster)	FDOT Equal Opportunity Office Website	4.2

ADDITIONAL CLASSIFICATION - REQUEST FORM

Prime Contractor Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Date: _____

Florida Department of Transportation
Office of Construction - M.S. 31
605 Suwannee Street
Tallahassee, Florida 32399-0450

Attention: Prevailing Wage Rate Survey Coordinator

Financial Project Number: _____

Federal Aid Project Number: _____

Project's Resident Office Telephone No. _____

Contract Number: _____ County(ies): _____

Letting Date: _____ Award Date: _____

I request the following classification(s) be added to the General Decision No. FL _____

Publication Date: _____

Classification Title: _____

Classification Description (actual job duties): _____

Suggested hourly rate of pay: \$ _____

Classification Title: _____

Classification Description (actual job duties): _____

Suggested hourly rate of pay: \$ _____

Classification Title: _____

Classification Description (actual job duties): _____

Suggested hourly rate of pay: \$ _____

Sincerely,

(Contractor's Representative Signature)

(Please Print)

VIOLATION TYPE

The violation numbers cited on the front of this form are explained below:

Violation Code Number	Violation Code Description	Violation Code Action
1	Time and one-half rates were not paid for work performed in excess of 40 hours per week. (Wage differences and penalty* are withheld.)	Formal notification sent to Federal Highway Administration (See Note Below)
3 4 5	Improper classification. Employees observed assigned to work involving classifications other than those included on payroll listing. (Wage differences not withheld if supplemental payroll received within 20 days.) Hourly rate paid is less than minimum authorized wage rate for the classification of work shown and included in the construction contract. (Wage differences not withheld if supplemental payroll received within 20 days.) The Certified Payroll contains mathematical errors that indicate payment, made to the employee(s) by the Contractor for hours worked, violated the Federal-Aid labor provisions (Davis Bacon Act/Copeland Act) of the contract. (Wage differences not withheld if certified supplemental payroll correcting this infraction is received within twenty days.) Wage rate violations shall not be issued for mathematical errors or minor computer payroll program rounding errors that do not violate the contract Federal-Aid labor provisions. However, the Contractor shall be notified in writing of such errors.	Additional Information requested from Contractor indicating clarification or correction of violations cited
6 7	Unauthorized payroll deductions were made in violation of applicable regulations. Other violation not listed above. (Explain in comments section on front of form, or in letter of transmittal to Contractor.)	In accordance with regulations
<p>*NOTE: In addition to monies withheld for wage differences, a penalty of \$10.00 per violation per day that the affected employee was not paid overtime for work performed in excess of 40 hours per week shall be assessed for each employee within any one payroll week. Monies withheld for wage differences under Violation Code 1 shall be returned to the Contractor upon receipt of a supplemental certified payroll (original and two copies) by the District Construction Engineer's Office, citing that the indicated payroll violations(s) has been corrected and receipt of three copies of Contractor's canceled payroll check for the amount owed, with the affected employee's signature. The decision of the Division Administrator of the FHWA or his designee is final regarding the release of penalty monies withheld for Violation Code 1. (Supplemental payrolls requested under Violation Codes 3 thru 7 must be forwarded to the Resident Engineer's Office.)</p>		

TRUCKER INTERVIEW

SECTION 1: PROJECT IDENTIFICATION

1. Financial Project No.	2. F.A.P. No.	3. Contract No.	4. County	5. District
6. Prime Contractor Name		7. FEID No.		

SECTION 2: SUBCONTRACTED TRUCKING FIRM

8. Name of company Subcontracted for Trucking (include rental agreements and purchase orders)	9. Is this company a DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. What subcontracting tier is this company and who are they under contract to? (Include rental agreements and purchase orders)	
<input type="checkbox"/> 1 st tier subordinate to prime:	
<input type="checkbox"/> 2 nd tier subordinate to:	
<input type="checkbox"/> 3 rd tier subordinate to:	

SECTION 3: IDENTIFICATION OF DRIVER AND TRUCK OWNERSHIP

11. Date	12. Name of person completing Section 3	13. License tag no.	14. State issuing tag <input type="checkbox"/> Florida <input type="checkbox"/> _____	15. USDOT Truck No. or Motor Carrier permit No. displayed
16. Company Name displayed on the Truck		17. How is this name displayed? <input type="checkbox"/> Magnetic sign(s) <input type="checkbox"/> painted on <input type="checkbox"/> other _____		
18. Name as shown on driver's license		19. State issuing License <input type="checkbox"/> Florida <input type="checkbox"/> _____	20. Type of CDL Driver License <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> _____	
21. Driver's License Number	22. Name of Owner on Vehicle Registration		23. Vehicle description, make & year	
24. What material was being hauled?				
25. Where was the vehicle traveling? <input type="checkbox"/> Hauling within project limits <input type="checkbox"/> Hauling from project to some other place (e.g. land fill) <input type="checkbox"/> Hauling from commercial plant (or pit) to project <input type="checkbox"/> Hauling from/to project from/to a dedicated or adjacent facility Explain:				

SECTION 4: REVIEW

26. Date checked against payroll	27. Did the company in box 8 submit a payroll that includes the date shown in box 11? <input type="checkbox"/> Yes <input type="checkbox"/> No	28. If yes, is the person shown in box 18 included on that payroll for that day? <input type="checkbox"/> Yes <input type="checkbox"/> No	29. If no, is the person shown in box 18 included on another company's payroll for that day? <input type="checkbox"/> Yes Co. _____ <input type="checkbox"/> No
30. Is a payroll violation warranted? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Comments:		

EMPLOYEE INTERVIEW FORM-LABOR/EEO

"Confidential: All information in this form shall remain confidential to the extent permitted by law, including Florida Statutes Chapter 119"

Section 1- IDENTITY DATA SUPPLIED BY EMPLOYEE

1. Employee	first & last name	
	signature	
2. Employed by:		
3. Social Security No. <small>4 digit ID Or Full No.</small>		
4. How Long with company?		
5. How Long on this project?		
6. Employee Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
7. Employee Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am Ind/AI <input type="checkbox"/> Asian <input type="checkbox"/> 2/+races <input type="checkbox"/> Native Hawaiian/P. Islander		

Section A -RCS'S PROJECT IDENTIFICATION

A. Fin. Project #			
B. F.A.P. #		C. Contract #	
D. Prime Contractor			

**Section B
INTERVIEWER'S IDENTIFICATION**

E. Interviewer	first & last name	
	signature	
F. Interviewer's Employer		
G. Date of Interview		

Section 2-JOB & PAY DATA SUPPLIED BY EMPLOYEE

8. What have you worked on today?	
9. What tools are you using today?	<input type="checkbox"/> No Tools
10. Are you running any equipment today?	<input type="checkbox"/> No Equip
11. What is your job or position?	
12. How much are you paid an hour?	\$ ____ . ____
13. Are you paid every week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you get extra money if you work over 40 hours? How much?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Did the company pay for your hardhat, vest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is money taken from your check for Insurance, loans, uniforms, child support etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Were you told to give someone money o favors to get this job? Or to keep your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C-INTERVIEWER'S OBSERVATION

H. Describe employee's work at time of interview	
I. Name hand tools the employee was using	<input type="checkbox"/> No Tools
J. Name of equipment employee was operating	<input type="checkbox"/> No Equip
K. What is the proper classification for this work?	
<i>(Optional 2nd observation same day)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No 2 nd Observ	
L. Was 2 nd Observation of work, tools & equipment same as previous?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No provide following:
M. Describe employee's Work at time of 2 nd Observation/	
N. Tools used	<input type="checkbox"/> No Tools
O. Equipment operated	<input type="checkbox"/> No Equip
P. What is the proper classification for this work?	

Section 3-EEO DATA SUPPLIED BY EMPLOYEE

18. Are the company's buildings and service open to everyone no matter their race or sex?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you feel discriminated against because of your race or sex? Treated differently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Who is your company's EEO Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you seen the project bulletin board with the wage and job posters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you been asked to bring people in to to apply for a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D-RCS' REVIEW & ACTION

Q. RCS	first & last name	Date of RCS review		
R. PAYROLL VESUS WD MIN. RATE & FRINGE	As shown on Payroll	Classification	Rate Paid	Fringe Paid
	WD FOR THIS PAYROLL CLASSIF		Rate Min	Fringe Min
	WD FOR CLASSIF IN "K & P" <input type="checkbox"/> same as WD for payroll classif		Rate Min	Fringe Min
	IF FRINGE IS REQUIRED, HOW ARE FRINGES PAID?		<input type="checkbox"/> NA <input type="checkbox"/> Cash <input type="checkbox"/> Benefits <input type="checkbox"/> Combination	
S. Is there a discrepancy between work, tools equipment, classification, rate paid or fringes?				<input type="checkbox"/> Yes <input type="checkbox"/> No
T. Any concerns from Sections 2 or 3?				<input type="checkbox"/> Yes <input type="checkbox"/> No
U. RCS Comments				<input type="checkbox"/> see attached <input type="checkbox"/> none

Section 4-FRINGE DATA SUPPLIED BY EMPLOYEE

23. Are you paid for holidays, sick days, vacation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Does the company pay any of your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Interviewer comments/exp	<input type="checkbox"/> see attached <input type="checkbox"/> none

ADDITIONAL FEDERAL WAGE RATE DECISIONS

The U.S. Dept. of Labor has established Wage Rates for the following additional classifications of work on this project.

FINANCIAL PROJECT NO.		COUNTY:
DECISION TYPE	WAGE DECISION NO. (or NA)	MODIFICATION NO. (or NA)
HIGHWAY		
HEAVY		
BUILDING		
WATER/SEWER		

CLASSIFICATION	RATE (\$)	FRINGE (\$ or NA)

Directions: The prime contractor is responsible for completing this form for the project and posting it on the job-site Bulletin Board. Type or print the financial project number, county, each Wage Decision number and Modification Number. Record the classification, rate and fringe data decisions issued by the FDOT Prevailing Wage Rate Coordinator. For ease of update, retain a copy of the posted form and add additional wage decisions as issued. Contractors may waive the construction job site posting of individual wage decision letters when this form is posted.

General Decision Number: FL100307 03/12/2010 FL307

Superseded General Decision Number: FL20080307

State: Florida

Construction Type: Highway

County: Broward County in Florida.

HIGHWAY CONSTRUCTION PROJECTS

Modification Number Publication Date
0 03/12/2010

* ENGI0487-018 01/01/2010

	Rates	Fringes
OPERATOR: Crane All Tower Cranes (Must have 2 operators) Mobile, Rail, Climbers, Static-Mount; All Cranes with Boom Length 150 Feet & Over (With or without jib) Friction, Hydro, Electric or Otherwise; Cranes 150 Tons & Over (Must have 2 operators); Cranes with 3 Drums (When 3rd drum is rigged for work); Gantry & Overhead Cranes; Hydro Cranes Over 25 Tons but not more than 50 Tons ; Hydro/Friction Cranes; & All Type of Flying Cranes; Boom Truck.....	\$ 28.30	8.78
Cranes with Boom Length Less than 150 Feet (With or without jib); Hydro Cranes 25 Tons & Under, & Over 50 Tons; Boom Truck....	\$ 27.57	8.78
OPERATOR: Oiler.....	\$ 22.24	8.78

IRON0272-006 10/01/2006

	Rates	Fringes
IRONWORKER, STRUCTURAL.....	\$ 26.70	6.43

SUFL2009-204 08/05/2009

	Rates	Fringes
CARPENTER, Including Formwork....	\$ 11.48	0.69
CEMENT MASON/CONCRETE FINISHER...	\$ 12.00	0.00
ELECTRICIAN.....	\$ 19.84	0.00

*** EXAMPLE ***
Wage Determination

OPERATOR: Oil Distributor.....	\$ 11.15	0.48
OPERATOR: Paver.....	\$ 11.89	2.28
OPERATOR: Piledriver.....	\$ 14.15	2.26
OPERATOR: Piler.....	\$ 9.50	0.00
OPERATOR: Scraper.....	\$ 12.31	1.83
OPERATOR: Screed.....	\$ 11.49	1.64
OPERATOR: Tractor.....	\$ 13.00	1.00
OPERATOR: Trencher.....	\$ 12.05	0.40
PAINTER: Spray and Steel.....	\$ 16.62	0.00
TRAFFIC SIGNALIZATION: Traffic Signal Installation.....	\$ 14.00	0.65
TRUCK DRIVER: 10 Yard Haul Away Truck.....	\$ 12.50	0.00
TRUCK DRIVER: 3 Axle Truck.....	\$ 9.81	0.00
TRUCK DRIVER: 4 Axle Truck.....	\$ 12.01	1.52
TRUCK DRIVER: Distributor.....	\$ 13.22	2.01
TRUCK DRIVER: Dump Truck.....	\$ 10.44	0.50
TRUCK DRIVER: Lowboy Truck.....	\$ 12.00	0.00
TRUCK DRIVER: Material Truck....	\$ 13.15	9.80
TRUCK DRIVER: Tractor Haul Truck.....	\$ 10.64	0.00
TRUCK DRIVER: Water Truck.....	\$ 10.50	0.00
TRUCK DRIVER.....	\$ 9.76	0.34

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

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

In the listing above, the "SU" designation means that rates

Federal Wage Rate Table(s)

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 Regional Office for the area in which the survey was conducted because those Regional Offices have 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, D. C. 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, D. C. 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, D. C. 20210**

- 4.) **All decisions by the Administrative Review Board are final.**
---END OF GENERAL DECISION---