



Employee/Employer Wage-Scale Agreement

April, 2015

Recipient: _____ Contract Number: _____

Construction Contract Execution Date: _____ Wage Decision Number: _____

Project Description:

Whereas, the (Type in the Recipient's Name) has been unable to obtain a specific wage rate from the Department of Labor (DOL)/Department of Economic Opportunity (DEO), in the wage decision for this project for the classification of (Type in the classification), and because it also appears that there are no readily available similar positions that could be reclassified under the initial wage decision, and whereas 29 CFR Part 5.5(a)(1)(ii) allows the rate for a classification under these circumstances to be set by mutual agreement among the employee(s), the employer, and the jurisdiction, subject to approval by HUD/DOL;

Therefore, by mutual consent, the parties and persons signed below agree to an hourly rate of \$ _____ and fringe benefit rate of \$ _____ (benefits may be included in hourly rate), for the above classification, while acknowledging full compliance with all other federal labor standards requirements.

Employee Signature

Employer Signature
(If a corporation, an officer must sign.)

Date

Date

List the name and mailing address of the Recipient’s representative to whom the DOL approval of the wage-scale agreement should be mailed in the form fields below.

Request submitted by: _____ Date: _____

Note: Use one form for each affected employee. Use the Tab key to move between fields to complete the form. Sign and date by hand.