

# F05 – REQUIRED POSTER – WAGE RATES

1. PRINT **WAGE RATES** LIKE ANY OF THE SAMPLES BELOW
2. LAMINATE THE **WAGE RATES**
3. POST **WAGE RATES**
4. INSERT COPY WITH OTHER POSTERS

**Form WD-10  
Davis-Bacon Wage Survey  
Page 2 (see reverse for instructions)**

OMB No. 1250-0015 Expire 03/31/2004 FORM WD-10page 2 (03/21/04)

7. Classifications and Fringe Benefit Information. In the questions below, CBA stands for Collective Bargaining Agreement. In the five benefit-related columns, please describe the benefits (if any) for each classification, and also tell us how they are paid. If the benefit is paid out periodically, tell us how much you pay and how frequently you pay it, using a single letter abbreviation. Use "H" for hourly, "D" for daily, "W" for weekly, "M" for monthly, and "Y" for yearly. If the benefit is paid as a percentage of the hourly rate, check the appropriate box, then tell us the percentage using the boxes below the checkbox. Regarding the Vacation & Holiday and additional benefit columns, if appropriate, tell us how many days are paid annually.

If you only supplied building materials, and no employees worked on the project, then fill in the circle below. You may skip the rest of this question, and sign and date the form.

**ONLY SUPPLIED MATERIALS**

CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	HEALTH & WELFARE	PENSION (401K, ETC)	APPRENTICE TRAINING	VACATION & HOLIDAY	ADDITIONAL FRINGE
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA?	\$ per EMP. per	\$ per EMP. per	\$ per EMP. per	\$ per EMP. per	\$ per EMP. per
			% OF HOURLY RATE	% OF HOURLY RATE	% OF HOURLY RATE	% OF HOURLY RATE	% OF HOURLY RATE
			# DAYS PER YEAR	# DAYS PER YEAR	# DAYS PER YEAR	# DAYS PER YEAR	# DAYS PER YEAR

8. COMMENTS OR REMARKS

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Note: The will information re prosecution.

**Project Wage Rate Sheet**

U.S. Department of Housing and Urban Development  
Office of Labor Relations

PROJECT NAME: \_\_\_\_\_ PROJECT NUMBER: \_\_\_\_\_ PROJECT COUNTY: Marion

WAGE DECISION NUMBER/MODIFICATION NUMBER: \_\_\_\_\_

WORK CLASSIFICATION	BASIC HOURLY WAGE RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE	LABORERS FRINGE BENEFITS GROUP A	OPERATORS FRINGE BENEFITS GROUP B	TRUCK DRIVERS FRINGE BENEFITS GROUP C	TOTAL WAGE
Bricklayers	\$	\$	\$	\$	\$	\$	\$
Carpenters	\$	\$	\$	\$	\$	\$	\$
Cement Masons	\$	\$	\$	\$	\$	\$	\$
Drywall Hangers	\$	\$	\$	\$	\$	\$	\$
Electricians	\$	\$	\$	\$	\$	\$	\$
Iron Workers	\$	\$	\$	\$	\$	\$	\$
Painters	\$	\$	\$	\$	\$	\$	\$
Plumbers	\$	\$	\$	\$	\$	\$	\$
Roofers	\$	\$	\$	\$	\$	\$	\$
Sheet Metal Workers	\$	\$	\$	\$	\$	\$	\$
Soft Floor Layers	\$	\$	\$	\$	\$	\$	\$
Tapers	\$	\$	\$	\$	\$	\$	\$
Tile Setters	\$	\$	\$	\$	\$	\$	\$
OTHER CLASSIFICATIONS	\$	\$	\$	\$	\$	\$	\$
ADDITIONAL CLASSIFICATIONS (HUD FORM 4230-A)	\$	\$	\$	\$	\$	\$	\$
WORK CLASSIFICATION	BASIC HOURLY WAGE RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE	DATE OF HUD SUBMISSION TO DCL	DATE OF DCL APPROVAL		
	\$	\$	\$				
	\$	\$	\$				
	\$	\$	\$				
	\$	\$	\$				

Form HUD-8080004

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