

PREVAILING WAGE NOTIFICATION TO EMPLOYEE

Project Name:		Job Number:	
Prime Contractor:			
Subcontractor:			
Project Location:			
Jobsite posting of prevailing wage rates located:			
Prevailing Wage Coordinator		Employee	
Name: Business Inclusion Pgm. Manager		Name:	
Street: 682 Prospect Street		Street:	
City: Berea		City:	
State/Zip: OH 44017 Phone: 440-234-2081		State/Zip:	
Email: equity.inclusion@ohioturnpike.org		Phone:	
<p>You will be performing work on this project that falls under these classifications. You will be paid the appropriate rate for the type of work you are performing.</p>			
Classification:	Prevailing Wage Rate Total Package:	Minus Your Fringe Benefits:	Your Hourly Base Rate:
Hourly Fringe Benefits paid on your behalf by this company:			Fringe Paid in Cash <input type="checkbox"/>
Fringe	Amount	Fringe	Amount
Health Insurance		Vacation	
Life Insurance		Holiday	
Pension		Sick Pay	
Bonus		Training	
Other		Total Hourly Fringes	
Contractor's Signature:			Date:
Employee's Signature:			Date: