

## WAGE RATE SUBMITTAL FORM

Please provide the Classification, indicate if Building (B) and/or Heavy and Highway (H), the Rate Increase Effective Date, the Base Hourly Rate and the Hourly Benefit Total (total fringe benefit rate) equaling total package.

Classification	B/H	Rate Increase Effective Date	Base Hourly Rate	Hourly Benefit Total	Total Package

Please provide geographical areas covered (counties) use additional sheet if needed:

Parties to Collective Bargaining Agreement?     Yes     No

If Yes, Local Number: \_\_\_\_\_

If Yes, the actual contract must accompany this form.

Submitted By:     Contractor     Representative    Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please return completed form to:**  
Bureau of Labor Law Compliance  
1301 Labor & Industry Building  
651 Boas Street  
Harrisburg, PA 17121-0750  
717-705-5969  
1-800-932-0665  
Fax #: 717-787-0517  
E-mail: RA-LIPREV-WAGE-CTRL@PA.GOV

*Auxiliary aids and services are available upon request to individuals with disabilities.  
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