



TEXAS A&M UNIVERSITY SYSTEM
301 Tarrow Street
College Station, Texas 77840

Worker Wage Rate Form

This form shall be used by all contractors engaged in the execution of The Texas A&M University System construction contracts in accordance with the Prevailing Minimum Wage Rate guidelines and the Uniform General and Supplementary Conditions. This notice must be delivered by the contractor and accepted by all workers involved in the project prior to any payments to the contractor. The employer shall submit separate Worker Wage Rate Forms for workers engaged in multiple classifications.

FP&C Project No. _____ Project Name _____

SECTION I

Employee Name: (print) _____

Employer Name: _____

Worker Classification is shown on Prevailing Minimum Wage Rate schedule: Yes No

Worker Classification: _____
(Refer to Minimum Prevailing Wage Rate schedule contained within the Agreement for this project)

Hourly Rate

TAMUS Minimum Prevailing Wage Rate: \$ _____

Actual Wage Rate: Gross hourly rate including fringes. \$ _____

Contributions by a worker toward health, pension, vacation, and the like are part of the Actual Wage Rate (i.e. worker's pay check); contributions by the Employer are shown below.

As the EMPLOYEE NAMED ABOVE, I hereby acknowledge receipt of this notice and by my signature below indicate my agreement with both the Classification of work to which I have been assigned on this project and to the proposed wages to be paid to me for such work.

Employee Signature: _____ / /
 Acceptance Date

SECTION II

To the "Actual Wage Rate" above, the Employer shall indicate the total of all labor burden costs: Federal and State Unemployment, Social Security, Medicare, Health Insurance and Retirement.

Burden is not to include per diem, travel expenses, small tools or other items excluded by the Contract. For clarification of items not listed, contact Facilities, Planning & Construction Construction, Cost Analyst.

Hourly Burden Cost

\$ _____

Total Hourly Rate

Total Hourly Rate for Contract Changes: Actual Wage Rate + Hourly Burden Cost
 \$ _____

Employer Signature: _____ / /
 Attest Date