



**AND PLEASE READ!!!**

## **Government Job Certified Payroll Requirement Information:**

- ▶ Changes in Information Reported on the Certified Payrolls
- ▶ General Decision Wage Scale – Davis Bacon Act
- ▶ Letter about required certified payroll
- ▶ Instructions for completing certified payroll forms
- ▶ Changes in information reported on the Certified Payrolls
- ▶ Blank certified payroll form
- ▶ Blank “Request for Authorization of Additional Classification” - SF1444
- ▶ Instructions for completing the SF1444



1302 Ingleside Road Suite 200, Norfolk, VA 23502  
(757) 627-5684 • Fax (757) 625-0248

DCJS# 11-3756

February 25, 2009

Attention: All **ARRIBA** Subcontractors and Tiered Subcontractors

Reference: Davis Bacon Act

Subject: Changes in information reported on the Certified Payrolls

To Whom It May Concern:

On December 19, 2008, the Wage and Hour Division of the U.S. Department of Labor issued new rules regarding the required certified payroll information, effective January 18, 2009. 29 C.F.R. Part 3. The purpose of the rule is to better protect the personal privacy of laborers and mechanics employed on covered construction projects.

The new rules state as follows:

§3.3 Weekly statement with respect to payment of wages.

(b) Each contractor or subcontractor engaged in the construction, prosecution, completion or repair of any public building or public work, or building or work financed in whole or in part by loans or grants from the United States, shall furnish each week a statement with respect to the wages paid each of its employees engaged on work covered by this part 3 and part 5 of this title during the preceding weekly payroll period. This statement shall be executed by the contractor or subcontractor or by an authorized officer or employee of the contractor or subcontractor who supervises the payment of wages, and shall be on the back of Form WH 347, "Payroll (For Contractors Optional Use)" or on any form with identical wording. Copies of Form WH 347 may be obtained from the Government contracting or sponsoring agency or from the Wage and Hour Division . . ."

§5.5 Contract provisions and related matters.

(a)(3)(ii)(A) The contractor shall submit weekly for each week in which any contract work is performed a copy of all payrolls to the [insert agency name of appropriate federal agency] if the agency is a party to the contract, but if the agency is not such a party, the contractor will submit the payrolls to the applicant, sponsor, or owner, as the case may be, for transmission to the [insert name of appropriate federal agency]. The payrolls submitted shall set out accurately and completely all of the information required to be maintained under 29 C.F.R. 5.5(a)(3)(i), except that full social security numbers and home addresses shall not be included on weekly transmittals. Instead the payrolls shall only need to include an individually identifying number for each employee (e.g., the last four digits of the employee's social security number). The

required weekly payroll information may be submitted in any form desired .... The prime contractor is responsible for the submission of copies of payrolls by all subcontractors. Contractors and subcontractors shall maintain the full social security number and current address of each covered worker, and shall provide them upon request to the appropriate federal agency, if the agency is a party to the contract ... the applicant, sponsor, or owner, as the case may be, for transmission to the [insert name of federal agency], the contractor, or the Wage and Hour Division of the Department of Labor for purposes of an investigation or audit of compliance with prevailing wage requirements. It is not a violation of this section for a prime contractor to require a subcontractor to provide addresses and social security numbers to the prime contractor for its own records, without weekly submission to the sponsoring government agency ...."

All *ARRIBA* subcontractors and tiered subcontractors are required to submit certified payrolls in accordance with the above regulation effective immediately.

All *ARRIBA* subcontractors and tiered subcontractors are also required to submit a cover sheet containing full social security numbers and current addresses for all employees listed on each payroll. This cover sheet will be for our records only and will not be submitted to the Government.

Thank you for your attention to these matters.

Very truly yours,  
*ARRIBA* Corporation

*Les Burket*

Les Burket,  
Accountant

Cc: File



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DCJS# 11-3756

**ATTENTION: All *ARRIBA* Subcontractors**

### **Certified Payroll Requirements**

The following is an outline of *ARRIBA* Corporation's requirements for submitting certified payrolls. It is very important for your company to submit your certified payrolls correctly. Not following the guidelines listed below may result in a late payment to your company. The government and other general contractors hold our payments for such reasons and in return your payment will be withheld for non-compliance.

- \* **Certified Payrolls must be submitted on a WEEKLY basis.** Late submissions and non-compliance will result in delay of payment to your company.
- \* **Certified Payrolls must be numbered consecutively for each of your company's payroll "week ending" dates.** If no work is performed on the job for a week, state on the certified payroll, "NO WORK PERFORMED". If there is no work for weeks at a time, then you may lump sum them into one "NO WORK PERFORMED" for those weeks with the consecutive payroll numbers assigned. Please indicate the weeks that are covered.
- \* **Two copies of payrolls must be submitted.** One must have an original signature and the other may be a Xerox copy. If *ARRIBA* is the subcontractor to another Prime contractor and your company is *ARRIBA's* subcontractor, then we require **three** copies of certified payrolls.
- \* **Final submission of Certified Payrolls should be clearly stated on the last payroll for that job.** Your last payroll for a job should say "FINAL" somewhere on the payroll.
- \* **A fringe box must be checked on the Statement of Compliance.** This is to reflect how you pay your fringe benefits to your employees. Box "A" are fringes paid to a government approved plan, fund or program, box "B" are fringes paid in full as cash, and box "C" are the exceptions.
- \* **Statement of Compliance must be signed by an officer of the Corporation or a letter must be provided by a Corporate Officer authorizing someone else to sign payrolls.**
- \* **If your company is going to have apprentices working on-site then an Apprenticeship Program Certificate issued from the state must be submitted before the first day of work.** If your company has a state approved apprenticeship program and those employees work on a government job requiring certified payroll, then your company's state Apprenticeship Program Certificate must be sent before they begin any work. This certification must also be accompanied with each apprentice's name, hourly wage rate (in compliance with the apprenticeship program), where that employee is located in the program (1<sup>st</sup> year, etc.), and work classification corresponding

to the General Wage Decision (Davis Bacon) for that job. Also, please ensure that the apprentice/journeyman ratio is in compliance.

\* **Each employee's hours must be broken out by day for that week worked.** These hours need to be broken out by day to reflect the work being done and paid for that particular contract. These hours must match the daily reports submitted to the government.

\* **The hourly amount paid to each employee must reflect the amount stated for his/her work classification listed on the contract wage determinate ("Davis Bacon Act" General Wage Determination).** If your employee does not currently receive this amount (wage +fringe) for his/her classification on the determinate provided, you are required to pay this amount during any work performed on the contract. Restitution is required by law to be paid to those employees who worked on a contract and were not paid the determined wage for their classification. You must then show proof (signature on a receipt) that they have indeed received the full amount stated in the wage determination. If fringes are paid as in box "A" of the Statement of Compliance, then please make sure that your certified payroll reflects how these fringes are being given. Any knowledgeable falsification of these matters may result in 5 years prison and/or a 10,000-dollar fine.

\* **Upon receiving a job, PLEASE make sure the Wage Determinate in the contract lists the classifications your company will require.** If it does not, then you **MUST** complete the wage classification and rate form (SF1444) and mail it to our office with original signatures.

\* **All individuals who work on a federally funded contract are subject to Davis Bacon wages.** Certified payrolls are required from **all subcontractors** working on the jobsite. This includes your subcontractors, their subcontractors, etc. These payrolls are to be submitted as outlined above, no exceptions.

If you should have any questions or require additional information, I would be happy to assist you..

Thank you for your cooperation and attention to these matters.

Very Truly Yours,  
**ARRIBA** Corporation

*Les Burket*

Les Burket,  
Accountant

## Instructions For Completing Payroll Form, WH-347

**General:** Form WH-347 has been made available for the convenience of contractors and subcontractors required by their Federal or Federally-aided construction-type contracts and subcontracts to submit weekly payrolls. Properly filled out, this form will satisfy the requirements of Regulations, Parts 3 and 5 (29 C.F.R., Subtitle A), as to payrolls submitted in connection with contracts subject to the Davis-Bacon and related Acts.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Under the Davis-Bacon and related Acts, the contractor is required to pay not less than prevailing wage, including fringe benefits, as predetermined by the Department of Labor. The contractor's obligation to pay fringe benefits may be met either by payment of the fringe benefits to bona fide benefit plans, funds or programs or by making payments to the covered workers (laborers and mechanics) as cash in lieu of fringe benefits.

This payroll provides for the contractor to show on the face of the payroll all monies to each worker, whether as basic rates or as cash in lieu of fringe benefits, and provides for the contractor's representation in the statement of compliance on the payroll (as shown on page 2) that he/she is paying for fringe benefits required by the contract and not paid as cash in lieu of fringe benefits. Detailed instructions concerning the preparation of the payroll follow:

**Contractor or Subcontractor:** Fill in your firm's name and check appropriate box.

**Address:** Fill in your firm's address.

**Payroll No.:** Beginning with the number "1", list the payroll number for the submission.

**For Week Ending:** List the workweek ending date.

**Project and Location:** Self-explanatory.

**Project or Contract No.:** Self-explanatory.

**Column 1 - Name and Individual Identifying Number of Worker:** Enter each worker's full name and an individual identifying number (e.g., last four digits of worker's social security number) on each weekly payroll submitted.

**Column 2 - No. of Withholding Exemptions:** This column is merely inserted for the employer's convenience and is not a requirement of Regulations, Part 3 and 5.

**Column 3 - Work Classifications:** List classification descriptive of work actually performed by each laborer or mechanic. Consult classification and minimum wage schedule set forth in contract specifications. If additional classifications are deemed necessary, see Contracting Officer or Agency representative. An individual may be shown as having worked in more than one classification provided an accurate breakdown of hours worked in each classification is maintained and shown on the submitted payroll by use of separate entries.

**Column 4 - Hours worked:** List the day and date and straight time and overtime hours worked in the applicable boxes. On all contracts subject to the Contract Work Hours Standard Act, enter hours worked in excess of 40 hours a week as "overtime".

**Column 5 - Total:** Self-explanatory

**Column 6 - Rate of Pay (Including Fringe Benefits):** In the "straight time" box for each worker, list the actual hourly rate paid for straight time worked, plus cash paid in lieu of fringe benefits paid. When recording the straight time hourly rate, any cash paid in lieu of fringe benefits may be shown separately from the basic rate. For example, "\$12.25/.40" would reflect a \$12.25 base hourly rate plus

\$0.40 for fringe benefits. This is of assistance in correctly computing overtime. See "Fringe Benefits" below. When overtime is worked, show the overtime hourly rate paid plus any cash in lieu of fringe benefits paid in the "overtime" box for each worker; otherwise, you may skip this box. See "Fringe Benefits" below. Payment of not less than time and one-half the basic or regular rate paid is required for overtime under the Contract Work Hours Standard Act of 1962 if the prime contract exceeds \$100,000. In addition to paying no less than the predetermined rate for the classification which an individual works, the contractor must pay amounts predetermined as fringe benefits in the wage decision made part of the contract to approved fringe benefit plans, funds or programs or shall pay as cash in lieu of fringe benefits. See "FRINGE BENEFITS" below.

**Column 7 - Gross Amount Earned:** Enter gross amount earned on this project. If part of a worker's weekly wage was earned on projects other than the project described on this payroll, enter in column 7 first the amount earned on the Federal or Federally assisted project and then the gross amount earned during the week on all projects, thus "\$163.00/\$420.00" would reflect the earnings of a worker who earned \$163.00 on a Federally assisted construction project during a week in which \$420.00 was earned on all work.

**Column 8 - Deductions:** Five columns are provided for showing deductions made. If more than five deduction are involved, use the first four columns and show the balance deductions under "Other" column; show actual total under "Total Deductions" column; and in the attachment to the payroll describe the deduction(s) contained in the "Other" column. All deductions must be in accordance with the provisions of the Copeland Act Regulations, 29 C.F.R., Part 3. If an individual worked on other jobs in addition to this project, show actual deductions from his/her weekly gross wage, and indicate that deductions are based on his gross wages.

**Column 9 - Net Wages Paid for Week:** Self-explanatory.

**Totals** - Space has been left at the bottom of the columns so that totals may be shown if the contractor so desires.

**Statement Required by Regulations, Parts 3 and 5:** While the "statement of compliance" need not be notarized, the statement (on page 2 of the payroll form) is subject to the penalties provided by 18 U.S.C. § 1001, namely, a fine, possible imprisonment of not more than 5 years, or both. Accordingly, the party signing this statement should have knowledge of the facts represented as true.

**Items 1 and 2:** Space has been provided between items (1) and (2) of the statement for describing any deductions made. If all deductions made are adequately described in the "Deductions" column above, state "See Deductions column in this payroll." See "FRINGE BENEFITS" below for instructions concerning filling out paragraph 4 of the statement.

**Item 4 FRINGE BENEFITS - Contractors who pay all required fringe benefits:** If paying all fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decision of the Secretary of Labor, show the basic cash hourly rate and overtime rate paid to each worker on the face of the payroll and check paragraph 4(a) of the statement on page 2 of the WH-347 payroll form to indicate the payment. Note any exceptions in section 4(c).

**Contractors who pay no fringe benefits:** If not paying all fringe benefits to approved plans, funds, or programs in amounts of at least those that were determined in the applicable wage decision of the Secretary of Labor, pay any remaining fringe benefit amount to each laborer and mechanic and insert in the "straight time" of the "Rate of Pay" column of the payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the application wage decision. Inasmuch as it is not necessary to pay time and a half on cash paid in lieu of fringe benefits, the overtime rate shall be not less than the sum of the basic predetermined rate, plus the half time premium on basic or regular rate, plus the required cash in lieu of fringe benefits at the straight time rate. In addition, check paragraph 4(b) of the statement on page 2 the payroll form to indicate the payment of fringe benefits in cash directly to the workers. Note any exceptions in section 4(c).

#### **Use of Section 4(c), Exceptions**

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination requires is obliged to pay the deficiency directly to the covered worker as cash in lieu of fringe benefits. Enter any exceptions to section 4(a) or 4(b) in section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid each worker as cash in lieu of fringe benefits and the hourly amount paid to plans, funds, or programs as fringe benefits. The contractor must pay an amount not less than the predetermined rate plus cash in lieu of fringe benefits as shown in section 4(c) to each such individual for all hours worked (unless otherwise provided by applicable wage determination) on the Federal or Federally assisted project. Enter the rate paid and amount of cash paid in lieu of fringe benefits per hour in column 6 on the payroll. See paragraph on "Contractors who pay no fringe benefits" for computation of overtime rate.

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/esa/whd/forms/wh347instr.htm](http://www.dol.gov/esa/whd/forms/wh347instr.htm))



Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1215-0149  
 Expires: 12/31/2011

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS
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PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT/ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
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**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210



Date \_\_\_\_\_

I, \_\_\_\_\_  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

\_\_\_\_\_ on the  
 (Contractor or Subcontractor)

\_\_\_\_\_;  
 (Building or Work)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
 been or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_ from the full  
 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
 correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
 applicable wage rates contained in any wage determination incorporated into the contract; that the  
 classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide  
 apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of  
 Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a  
 State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
 the above referenced payroll, payments of fringe benefits as listed in the contract  
 have been or will be made to appropriate programs for the benefit of such  
 employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid,  
 as indicated on the payroll, an amount not less than the sum of the applicable  
 basic hourly wage rate plus the amount of the required fringe benefits as listed  
 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
 SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE  
 31 OF THE UNITED STATES CODE.

**REQUEST FOR AUTHORIZATION OF  
ADDITIONAL CLASSIFICATION AND RATE**

CHECK APPROPRIATE BOX  
 SERVICE CONTRACT  
 CONSTRUCTION CONTRACT

OMB No.: **9000-0089**  
 Expires: **04/30/2005**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVP), Office of Acquisition Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0089), Washington, DC 20503.

**INSTRUCTIONS:** THE CONTRACTOR SHALL COMPLETE ITEMS 3 THROUGH 16, KEEP A PENDING COPY, AND SUBMIT THE REQUEST, IN QUADRUPPLICATE, TO THE CONTRACTING OFFICER.

<b>1. TO:</b> ADMINISTRATOR, Employment Standards Administration WAGE AND HOUR DIVISION U.S. DEPARTMENT OF LABOR WASHINGTON, D.C. 20210	<b>2. FROM:</b> (REPORTING OFFICE)
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3. CONTRACTOR	4. DATE OF REQUEST
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5. CONTRACT NUMBER	6. DATE BID OPENED (SEALED BIDDING)	7. DATE OF AWARD	8. DATE CONTRACT WORK STARTED	9. DATE OPTION EXERCISED (IF APPLICABLE) (SCA ONLY)
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10. SUBCONTRACTOR (IF ANY)

11. PROJECT AND DESCRIPTION OF WORK (ATTACH ADDITIONAL SHEET IF NEEDED)

12. LOCATION (CITY, COUNTY AND STATE)

13. IN ORDER TO COMPLETE THE WORK PROVIDED FOR UNDER THE ABOVE CONTRACT, IT IS NECESSARY TO ESTABLISH THE FOLLOWING RATE(S) FOR THE INDICATED CLASSIFICATION(S) NOT INCLUDED IN THE DEPARTMENT OF LABOR DETERMINATION

NUMBER: \_\_\_\_\_ DATED: \_\_\_\_\_

a. LIST IN ORDER: PROPOSED CLASSIFICATION TITLE(S); JOB DESCRIPTION(S); DUTIES; AND RATIONALE FOR PROPOSED CLASSIFICATIONS (SCA ONLY) <i>(Use reverse or attach additional sheets, if necessary)</i>	b. WAGE RATE(S)	c. FRINGE BENEFITS PAYMENTS

14. SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE (IF ANY)	15. SIGNATURE AND TITLE OF PRIME CONTRACTOR REPRESENTATIVE
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16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE	TITLE	CHECK APPROPRIATE BOX-REFERENCING BLOCK 13. <input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE
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**TO BE COMPLETED BY CONTRACTING OFFICER (CHECK AS APPROPRIATE - SEE FAR 22.1019 (SCA) OR FAR 22.406-3 (DBA))**

- THE INTERESTED PARTIES AGREE AND THE CONTRACTING OFFICER RECOMMENDS APPROVAL BY THE WAGE AND HOUR DIVISION. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.
- THE INTERESTED PARTIES CANNOT AGREE ON THE PROPOSED CLASSIFICATION AND WAGE RATE. A DETERMINATION OF THE QUESTION BY THE WAGE AND HOUR DIVISION IS THEREFORE REQUESTED. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.

*(Send copies 1, 2, and 3 to Department of Labor)*

SIGNATURE OF CONTRACTING OFFICER OR REPRESENTATIVE	TITLE AND COMMERCIAL TELEPHONE NO.	DATE SUBMITTED
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**INSTRUCTIONS FOR COMPLETING STANDARD FORM (SF) 1444**  
REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE

CONTRACTORS MUST COMPLETE THE FOLLOWING:

**BLOCK 3. CONTRACTOR**

This is the information for the Prime Contractor

**BLOCK 4. DATE OF REQUEST**

**BLOCK 5. CONTRACT NUMBER**

**BLOCK 6. DATE BID OPENED**

Self explanatory OR the "Proposal Submission Date"

**BLOCK 7. DATE OF AWARD**

For task orders under IDIQ contracts, this will be the award date of the Task Order.

**BLOCK 8. DATE CONTRACT WORK STARTED**

**BLOCK 9. DATE OPTION EXERCISED (IF APPLICABLE) (SCA ONLY)**

**NOT APPLICABLE TO CONSTRUCTION CONTRACTS/TASK ORDERS**

**BLOCK 10. SUBCONTRACTOR (IF ANY)**

If the request for additional classification is for a subcontractor under the contract, then the Subcontractor needs to be identified in this block.

**BLOCK 11. PROJECT AND DESCRIPTION OF WORK**

If this is a task order under an Indefinite Delivery Indefinite Quantity (IDIQ) Contract, include the task order number just before the project title and the brief description of work.

**BLOCK 12. LOCATION (CITY, COUNTY AND STATE)**

**BLOCK 13. INSERT THE WAGE DETERMINATION NUMBER AND DATE** that was awarded with the Contract or Task Order.

**BLOCK 13a. INSERT THE PROPOSED CLASSIFICATION(S); JOB**

**DESCRIPTION(S); AND DUTIES** (This shall include any tools the proposed Classification needs to accomplish the duties.)

**BLOCK 13b. WAGE RATE(S)**

This is the proposed wage rate for the proposed classification.

**BLOCK 13c. FRINGE BENEFITS PAYMENTS**

Include the amount and description of the fringe benefits proposed.

**BLOCK 14. SIGNATURE & TITLE OF SUBCONTRACTOR REPRESENTATIVE**

If the request for classification pertains to a subcontractor, then a Representative of the subcontractor's firm must sign here.

**BLOCK 15. SIGNATURE & TITLE OF PRIME CONTRACTOR REPRESENTATIVE**

**BLOCK 16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE**

This **MUST** be a signature of an employee performing work for the proposed additional classification.

**TITLE**

This should be employee's classification which is being requested.

**AGREE / DISAGREE BOXES**

The employee signing should complete this box stating that they either Agree or disagree with the wage rate and the classification, description And duties indicated in Blocks 13a, 13b and 13c.

NOTE: The **employee(s)** performing work of the missing classification, if present, or their designated representative, **must** sign Block 16 noting concurrence or disagreement with the contractor's proposed rates. Any disagreement should be accompanied by argument and recommendations. Employee "designated representative" **cannot** be the contractor (employer) personnel representative or other contractor management personnel. If employees have not be hired yet, the contractor may state that in Block 16 in lieu of employee signatures.

**HELPFUL HINTS FOR ADDITIONAL CLASSIFICATION CONFORMANCE:**

1. The proposed classification must be appropriate for the contract work, and the duties not found in another classification on the Wage Determination.
2. The Contractor **cannot** create a new classification by combining job duties from two (2) or more existing classifications listed on the Wage Determination.
3. The proposed classification **cannot** be an "apprentice," trainee," or "helper" classification.
4. The proposed rate for the new classification should generally be no lower than the rate of the lowest classification on the Wage Determination.
5. Conformance requests should not be submitted for exempt classifications (executives, managerial, professional).
6. The proposed rate and benefits should bear a reasonable relationship to the wage rates listed on the Wage Determination.
7. The proposed classification should be one that is utilized in that locality by the industry.
8. The proposed classification should be either a laborer or mechanic used on the site of work. (White-collar classifications are not covered by the Davis Bacon Act.)