



# Texas General Land Office - Disaster Recovery

## Form 6-5 Request for Additional Classification and Rate

(Submit lowest wage for each *classification* of worker to [TXDRLabor@hntb.com](mailto:TXDRLabor@hntb.com))

Grantee: \_\_\_\_\_ GLO-DR Contract Number: \_\_\_\_\_

Project Description: \_\_\_\_\_

Construction Location (include county): \_\_\_\_\_

Contract Execution Date: \_\_\_\_\_ Construction Start Date: \_\_\_\_\_

Applicable Wage Decision No: \_\_\_\_\_ Publication Date: \_\_\_\_\_

Prime Construction Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ADDITIONAL CLASSIFICATION	HOURLY RATE	FRINGE BENEFITS

Describe Duties to be performed in this classification:

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I agree the above classification is commensurate with the hourly rate and fringe benefits:

Contractor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

I agree with the above classification, hourly rate, and fringe benefits:

Worker's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Worker should not sign if the above classification and wage is not agreed upon)*

Labor Standards Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Agency's Recommendation: [ ☐ ] Approve [ ☐ ] Disapprove

GLO-DR Labor Standards Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

GLO-LSS Phone No: (512) 691-2296