TO: FROM: DATE: SUBJECT:

Supplier Name

Hazel Orick Gibson, Procurement Analyst & Advisor

October 1, 2018

Wage Compliance Forms

As our solicitation document noted, wage certifications are a requirement of this award. Attached you will find two forms. The **Supplier Statement of Wage Compliance** is the first document. You, as the representative of your company, are to submit it monthly. If you perform no services for KCDC in a month, please complete page 2 and email to purchasinginfo@kcdc.org.

The employee (you may help if the employee desires or needs assistance) fills out the second form, **Employee Statement of Wages & Hours Worked**. Each employee completes and signs this form independently and submits it to you.

You will attach their forms to the **Supplier Statement of Wage Compliance**. Email/mail these to me on a monthly basis.

Notes:

1. If the classifications shown on the form are not adequate to describe the actual work performed, you may request additional classifications from KCDC.
2. The work performed, not job titles, determine the applicable classification.
3. These requirements apply to all subcontractors that are used by the successful supplier.
4. KCDC will revise these rates when required by HUD and the Department of Labor. Typically, these rates are subject to yearly review by HUD and the Department of Labor. Should the review required higher rates; the awarded supplier may increase their rates to reflect the change.

These are rather self-explanatory forms but if you have questions, please contact me.

**DO NOT RETURN THIS PAGE**

****

**SUPPLIER STATEMENT OF WAGE COMPLIANCE**

TO: Hazel Orick Gibson, Procurement Analyst & Advisor

FROM: Supplier Name

DATE:

SUBJECT: Wage Compliance Forms – Welding Services Q1908

I certify that my employees were paid the minimum rates (or more) as shown on KCDC's Maintenance Rate Determination Form for the classification (skill) provided while performing work on KCDC property for the times shown on the attached forms - completed by my employees. The rate paid includes one and a half times the normal rate for hours physically worked in excess of forty per week.

|  |  |
| --- | --- |
| **Item** | **Response** |
| For the Month of |  |
| For the Year |  |
| Supplier | Supplier Name |
| Certified by (Signature) |  |
| Printed Name |  |
| Title |  |
| Date Signed |  |
| No Work Performed | [ ]  **Please check box if no worked performed** |
| This certification grants KCDC and/or the HUD/ Department of Labor monitoring official’s access to all payroll records for the above noted period of certification. |

****



**EMPLOYEE STATEMENT OF WAGES & HOURS WORKED**

 (Use a separate sheet for each employee)

|  |  |
| --- | --- |
| **Contract Name** | Welding Services Q1908 |
| **Employee Name** |  |
| **Employee Address** |  |
| **Last Four Digits of your Social Security Number** |  |
| **Job Title/Classification** |  |

**The days that I worked on the KCDC contract shown above were:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Month:** |  | **Year:** |  |
| **Day** | **Hours Worked** | **Day** | **Hours Worked** | **Day** | **Hours Worked** | **Day** | **Hours Worked** | **Day** | **Hours Worked** | **Day** | **Hours Worked** |
| 1st |  | 7th |  | 13th  |  | 19th  |  | 25th  |  | 31st  |  |
| 2nd |  | 8th  |  | 14th |  | 20th  |  | 26th  |  |   |  |
| 3rd |  | 9th |  | 15th |  | 21st |  | 27th  |  |   |  |
| 4th |  | 10th |  | 16th |  | 22nd  |  | 28th  |  |   |  |
| 5th |  | 11th |  | 17th |  | 23rd  |  | 29th  |  |   |  |
| 6th |  | 12th |  | 18th |  | 24th |  | 30th |  |   |  |

**MINIMUM HOURLY RATES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Hourly Rate** | **Fringe Benefit** | **Or a Total Wage of at Least** |
| Carpenter | $11.72 | $3.28 | $15.00 |
| Electrician | $11.72 | $3.28 | $15.00 |
| Equipment Operator I | $10.76 | $3.01 | $13.77 |
| Equipment Operator II | $11.72 | $3.28 | $15.00 |
| Grounds Maintenance Specialist | $7.62 | $2.13 | $9.75 |
| Laborer | $7.62 | $2.13 | $9.75 |
| Painter | $10.76 | $3.01 | $13.77 |
| Plasterer | $11.72 | $3.28 | $15.00 |
| Skilled Laborer | $8.31 | $2.33 | $10.64 |
| Welder | $11.72 | $3.28 | $15.00 |

Employees receive 1.5 times the rate for hours physically worked over forty hours in a week. Your signature certifies you received the minimum amounts shown above. Your employer may not coerce you or request that you falsify this document.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_