



# LIVING WAGE SUBCONTRACTOR AND CONTRACTOR INFORMATION



Name of Prime Contractor:  Contract No./PO No:

Company Address:

City/Town:

Telephone Number:  Fax:

Awarding Agency/ Procurement Contact:

A contractor is required to provide to the Commissioner of Labor and Industry, Living Wage Unit, a list of Subcontractors working under this contract, on the day that work commences. Attach additional sheets as necessary.

Number of Sub-Contractors working on this contract, if applicable:

Sub-Contractor: <input type="text"/>	Phone Number: <input type="text"/>
Address: <input type="text"/>	City/Town: <input type="text"/>
State & Zip Code: <input type="text"/>	

Employee's Name: <input type="text"/>	Date of Hire: <input type="text"/>
Weekly Work Hours: <input type="text"/>	Employee Pay Rate per hour: \$ <input type="text"/>
What was the hourly rate prior to the application of the Living Wage Law? : \$	

Sub-Contractor: <input type="text"/>	Phone Number: <input type="text"/>
Address: <input type="text"/>	City/Town: <input type="text"/>
State & Zip Code: <input type="text"/>	

Employee's Name: <input type="text"/>	Date of Hire: <input type="text"/>
Weekly Work Hours: <input type="text"/>	Employee Pay Rate per hour: \$ <input type="text"/>
What was the hourly rate prior to the application of the Living Wage Law? : \$	

Sub-Contractor: <input type="text"/>	Phone Number: <input type="text"/>
Address: <input type="text"/>	City/Town: <input type="text"/>
State & Zip Code: <input type="text"/>	

Employee's Name: <input type="text"/>	Date of Hire: <input type="text"/>
Weekly Work Hours: <input type="text"/>	Employee Pay Rate per hour: \$ <input type="text"/>
What was the hourly rate prior to the application of the Living Wage Law? : \$ <input type="text"/>	

Sub-Contractor: <input type="text"/>	Phone Number: <input type="text"/>
Address: <input type="text"/>	City/Town: <input type="text"/>
State & Zip Code: <input type="text"/>	

Employee's Name: <input type="text"/>	Date of Hire: <input type="text"/>
Weekly Work Hours: <input type="text"/>	Employee Pay Rate per hour: \$ <input type="text"/>
What was the hourly rate prior to the application of the Living Wage Law? : \$ <input type="text"/>	

**I understand that the employee information provided will be used by the Commissioner of Labor and Industry, Living Wage Unit, for the purpose of monitoring compliance with the Living Wage Law.**

Person completing this form:

Print/Type Name

Signature

Title or position

Date

Telephone Number:

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**Department of Labor**  
**Division of Labor and Industry**  
**Living Wage Unit**  
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