

Instructions for the Substitute WD-10
Davis-Bacon Wage Survey
Report of Construction Contractor's Wage Rates

Information about Davis-Bacon Wage Surveys, including dates of current and future surveys, may be obtained at the Davis-Bacon and related Acts (DBRA) web site at www.dol.gov/dol/esa/public/programs/dbra/index.html.

As a convenience to you, this form is also available electronically. Please contact us at wagesurvey@fci.com to have a form e-mailed to you. You can also visit our website at www.wagesurvey.org for a printable version.

INSTRUCTIONS

- Please type or use ink.
- Use one substitute WD-10 form for each construction project.
- Keep a copy of all information used to complete this form in a separate file.

If you have any questions, please call us at 1-866-866-5428.

FORM SIDE 1

Sections 1 and 2 – Contractor and Submitter Information

- 1 Fill in with information about your company.
- 2 Fill in with information about the person submitting the form.

Sections 3, 4, 5 and 6 – Project Information

- 3 Fill in the information about the construction project your company worked on and the project's location and description.
- 4 Indicate in the appropriate space if the project was subject to a federal or state wage determination.
- 5 Indicate in the appropriate space if you were either the general/prime contractor or a subcontractor.
- 5A Indicate if you had no subcontractors, OR if you did, then indicate whether you are enclosing a list of subcontractors along with the substitute WD-10 form, or if you submitted a list earlier.
- 5B If you were the prime/general contractor, provide the date any work began on this project, the date the project ended (indicate if actual or estimated date), and the total project value.
- 5C If you were a subcontractor, provide the date your work started and ended (indicate if actual or estimated date) and the subcontract value.
- 6 Mark the type of construction project your company worked on. If none of the construction types matches your project, fill in the space next to OTHER, and indicate the type of construction on the line provided. If you selected APARTMENT BUILDING, NURSING/ASSISTED LIVING FACILITIES, or RESIDENTIAL, indicate the number of stories, and fill in the space if there was kitchen and/or a bath in each unit.

FORM SIDE 2

Section 7 – Classification and Fringe Benefits

- If you only supplied materials, and no employees worked on the project, then fill in the space marked "Only Supplied Materials," skip the rest of section 7, and sign and date form.
- The remainder of section 7 requests multiple types of information per classification. Fill in each item as defined and described as follows:
 - CLASSIFICATION(S) are the position titles of jobs within your company (e.g., Carpenter, Electrician, Laborer, Operating Engineer, etc.). Fill in one classification per line. If the workers in a classification are paid more than one hourly rate or different fringe benefits, please list them on separate lines. If more than 6 classifications and wage rates need to be listed for a project, report the additional classifications and wage rates on a new substitute WD-10. On the new substitute WD-10 fill out only Sections 1, 3 and 7.
 - TYPE OF WORK PERFORMED – Explain the type of work that each classification performs (e.g., Laborer: landscape, unskilled; Carpenter: framing, drywall; Operator: backhoe, etc.). Working Foremen should be reported noting the percentage of time spent working at their craft. Supervisory only Foremen can be excluded.

<p>CLASSIFICATION <u>LABORER</u></p> <p>TYPE OF WORK PERFORMED <u>UNSKILLED</u></p>	<p>CLASSIFICATION <u>CARPENTER</u></p> <p>TYPE OF WORK PERFORMED <u>DRYWALL</u></p>	<p>CLASSIFICATION <u>OPERATOR</u></p> <p>TYPE OF WORK PERFORMED <u>BACKHOE</u></p>
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Section 7 – Classification and Fringe Benefits (continued)

- ❑ PEAK WEEK ENDING DATE is the week you had the largest number of employees in a classification.
- ❑ NUMBER OF EMPLOYEES is the largest number of employees working in this classification on this project.
- ❑ HOURLY RATE is the dollar amount you paid employees per hour working in this classification.
- ❑ CBA – If the employee is paid under a Collective Bargaining Agreement, fill in the space that represents Yes; otherwise fill in the space that represents No.
- ❑ FRINGE BENEFITS are paid in addition to the hourly rate. Report only the costs or contributions incurred by your company, NOT the employees. Do not include costs paid by the employer that are required by Federal, State, or local law such as worker’s compensation or unemployment insurance. Fill out the information under each fringe benefit that applies.
 - ❑ HEALTH & WELFARE – Medical or hospital care, or insurance to provide such care, life insurance, long- or short-term disability, sickness, or accident insurance.
 - ❑ PENSION (401K, ETC.) – Retirement/401K, defined contribution plans (including savings and thrift, deferred profit sharing and money purchase pension), annuity cost, or cost of insurance to provide such a benefit.
 - ❑ APPRENTICE TRAINING – Defrayment of the cost of apprenticeship or similar training programs.
 - ❑ VACATION & HOLIDAY – The payment of compensation for holidays and vacation. If Vacation and Holiday pay is included in the base rate, it should be separated from the base rate and listed under Vac. and Holiday. It should not be counted twice.
 - ❑ ADDITIONAL FRINGE – If you are not sure of the category of the fringe benefit(s), enter the rate information in the column, and specify the fringe type in the “Description of Any Additional Fringe” field at the bottom of the form.

Fringe benefits can be paid by a straight dollar amount, or by a percentage of the basic hourly rate. Indicate the cost or contribution your company paid to this classification during the peak week of this project.

If the fringe benefits were paid by a straight dollar amount: *Dollars (\$) per Employee (EMP.) per*

- ❑ Mark the space before \$ per EMP. per
- ❑ Fill in the dollar value in the space provided.
- ❑ Indicate how often this dollar value was paid in the space following \$ per EMP. per with the values as follows: H for hourly, D for daily, W or weekly, M for monthly, and A for annually/yearly.

Example -- If an employee was provided a straight dollar amount of **\$1.50** on an **hourly** basis for health and welfare:

<u>HEALTH & WELFARE</u>
<input checked="" type="checkbox"/> \$ per EMP. per <u> H </u>
<input type="checkbox"/> % HOURLY RATE
<u> \$1.50 </u>

If the fringe benefits were paid by a percentage of the basic hourly rate: *Percentage (%)*

- ❑ Mark the space before % OF HOURLY RATE.
- ❑ Fill in the percentage values (based on the basic hourly rate) in the space provided.

Please include a % sign and decimal point when appropriate.

Example -- If an employee was provided **10%** of the **hourly** rate for pension contribution:

<u>HEALTH & WELFARE</u>
<input type="checkbox"/> \$ per EMP. per <u> </u>
<input checked="" type="checkbox"/> % HOURLY RATE
<u> 10 % </u>

Section 8 -- Comments or Remarks and Signature

- ❑ COMMENTS OR REMARKS -- Provide comments or additional information.
- ❑ SIGNATURE -- Submitter must sign and date the form.

KEY TERMS

- Apprentice – A person employed and registered in a bonafide apprenticeship program. (If these Apprentices/ Trainees are in a formal program approved by the U.S. Dept. of Labor, Bureau of Apprenticeship and Training (BAT), or a state apprenticeship agency recognized by BAT, then information regarding wages and fringe benefits need not be provided.)
- General/Prime Contractor – The principal contractor on the project.
- Subcontractor – A contractor working on the project responsible for specific work but not the overall project. You are not a subcontractor for purposes of this survey if you supplied only materials.
- Subcontractor List – A form for reporting the names and addresses of any subcontractors used by the contractor/sub-contractor on the project being reported.