

## **Form 12-C Miscellaneous Provisions and Specimen Documents**

1. Letters of Interest – Priority Lists: The submission of Letters of Interest must occur prior to the Intended Use Plan being exposed for public comment.
2. Davis Bacon
  - a. Farming activities and Force Account labor are not governed by Davis Bacon
  - b. The default construction category for SRF projects is “heavy”; however, if an SRF project has > 10% or > \$1,000,000 in a category other than “heavy” (e.g. roads), the contractor will be required to pay according to whichever wage determination is applicable and keep separate sets of payroll records for laborers that perform work in multiple categories.
  - c. Attached are samples of the most commonly used Davis Bacon forms

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

CHECK APPROPRIATE BOX  
 SERVICE CONTRACT  
 CONSTRUCTION CONTRACT

**OMB Number: 9000-0089**  
**Expiration Date: 7/31/2014**

PAPERWORK REDUCTION ACT STATEMENT: Public reporting burden for this collection of information is estimated to average .5 hours 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 aspects of this collection of information, including suggestions for reducing this burden, to U.S. General Services Administration, Regulatory Secretariat (MVCB)/IC 9000-0089, Office of Governmentwide Acquisition Policy, 1800 F Street, NW, Washington, DC 20405.

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

1. **TO:**  
 ADMINISTRATOR,  
 WAGE AND HOUR DIVISION  
 U.S. DEPARTMENT OF LABOR  
 WASHINGTON, D.C. 20210

2. **FROM:** (REPORTING OFFICE)

3. CONTRACTOR

4. DATE OF REQUEST

5. CONTRACT NUMBER

6. DATE BID OPENED (SEALED BIDDING)

7. DATE OF AWARD

8. DATE CONTRACT WORK STARTED

9. DATE OPTION EXERCISED (IF APPLICABLE) (SERVICE CONTRACT ONLY)

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: \_\_\_\_\_

| a. LIST IN ORDER: PROPOSED CLASSIFICATION TITLE(S); JOB DESCRIPTION AND DUTIES; AND RATIONALE FOR PROPOSED CLASSIFICATIONS (Service Contracts only) | b. WAGE RATE(S) | c. FRINGE BENEFITS PAYMENTS |
|---|-----------------|-----------------------------|
| (Use reverse or attach additional sheets, if necessary)   |                 |                             |

14. SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE (IF ANY)

15. SIGNATURE AND TITLE OF PRIME CONTRACTOR REPRESENTATIVE

16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE

TITLE

CHECK APPROPRIATE BOX-REFERENCING BLOCK 13.  
 AGREE     DISAGREE

**TO BE COMPLETED BY CONTRACTING OFFICER (CHECK AS APPROPRIATE - SEE FAR 22.1019 (SERVICE CONTRACT LABOR STANDARDS) OR FAR 22.406-3 (CONSTRUCTION WAGE RATE REQUIREMENTS))**

- 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 3 copies to the Department of Labor)

SIGNATURE OF CONTRACTING OFFICER OR REPRESENTATIVE

TITLE AND COMMERCIAL TELEPHONE NUMBER

DATE SUBMITTED





## LABOR STANDARDS INTERVIEW

|                          |  |            |                      |                     |            |
|--------------------------|--|------------|----------------------|---------------------|------------|
| CONTRACT NUMBER          |  |            | EMPLOYEE INFORMATION |                     |            |
| NAME OF PRIME CONTRACTOR |  |            | LAST NAME            |                     | FIRST NAME |
|                          |  |            |                      |                     |            |
| NAME OF EMPLOYER         |  |            | STREET ADDRESS       |                     |            |
|                          |  |            |                      |                     |            |
| SUPERVISOR'S NAME        |  |            | CITY                 |                     | STATE      |
|                          |  |            |                      |                     | ZIP CODE   |
| LAST NAME                |  | FIRST NAME | MI                   | WORK CLASSIFICATION |            |
|                          |  |            |                      | WAGE RATE           |            |

| ACTION  |  | CHECK BELOW |    |
|---|--|-------------|----|
|   |  | YES         | NO |
| Do you work over 8 hours per day?   |  |             |    |
| Do you work over 40 hours per week?   |  |             |    |
| Are you paid at least time and a half for overtime hours?   |  |             |    |
| Are you receiving any cash payments for fringe benefits required by the posted wage determination decision? |  |             |    |
| WHAT DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY ARE MADE FROM YOUR PAY?                                |  |             |    |
|   |  |             |    |
| HOW MANY HOURS DID YOU WORK ON YOUR LAST WORK DAY BEFORE THIS INTERVIEW?                                    |  | TOOK YOU US |    |
|   |  |             |    |
| DATE OF LAST WORK DAY BEFORE INTERVIEW (YYMMDD)   |  |             |    |
|   |  |             |    |
| DATE YOU BEGAN WORK ON THIS PROJECT (YYMMDD)  |  |             |    |
|   |  |             |    |

THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

|                      |           |                       |
|----------------------|-----------|-----------------------|
| EMPLOYEE'S SIGNATURE |           | DATE (YYMMDD)         |
| INTERVIEWER          | SIGNATURE | TYPED OR PRINTED NAME |
|                      |           | DATE (YYMMDD)         |

| INTERVIEWER'S COMMENTS         |  |  |   |    |
|--------------------------------|--|--|---|----|
| WORK EMPLOYEE W/ DOING M/ VIEW |  |  | ACTION (If explanation is needed, use comments section) |    |
|                                |  |  | IS EMPLOYEE PROPERLY CLASSIFIED AND PAID?               |    |
|                                |  |  | ARE WAGE RATES AND POSTERS DISPLAYED?                   |    |
|                                |  |  | YES   | NO |

**FOR USE BY PAYROLL CHECKER**

IS ABOVE INFORMATION IN AGREEMENT WITH PAYROLL DATA?  
 YES       NO

COMMENTS

|           |  |            |               |
|-----------|--|------------|---------------|
| CHECKER   |  |            |               |
| LAST NAME |  | FIRST NAME |               |
|           |  | MI         |               |
|           |  | JOB TITLE  |               |
| SIGNATURE |  |            | DATE (YYMMDD) |
|           |  |            |               |