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EXCELETECH
COATING and APPLICATIONS

NEW HIRE FORMS

Please complete the following forms:

- New Employee Information
- W-4
- I-9 Employment Eligibility Verification
- Direct Deposit Enrollment Form (if direct deposit is desired)
- Exceletech Forms: Drug-Free Workplace/Acknowledgment of Probation & Unemployment Compensation, Medical Questionnaire

Include copies of:

- Driver's License
- Social Security Card
- Voided Check copy or Letter from Bank if completing the Direct Deposit form.

If this is not completed in our office, Mail, Email ~~or Fax~~ To:

Donna Painter: donna@excelcoatings.com
~~Fax: 352-394-5422~~

221 N Highway 27, Suite I. - Clermont, FL 34711
352-394-2155 (P) - 352-394-5422 (F)
www.excelcoatings.com

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien authorized to work until (exp. date, if any) _____

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.	First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A **Documents that Establish Both Identity and Employment Authorization**	OR	LIST B **Documents that Establish Identity**	AND	LIST C **Documents that Establish Employment Authorization**
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) _____ **Date** _____

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

PAYCHEX®

Direct Deposit Enrollment/Change Form

Company Name_____ **Client Number**_____

Employee/Worker Name_____ **Employee/Worker Number**_____

EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – *PLEASE PRINT IN BLACK/BLUE INK ONLY*

Type of Account	Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	I wish to deposit (check one):
☐ Checking ☐ Savings				☐ _____ % of Net ☐ Specific Dollar Amount $ _____.00 ☐ Remainder of Net Pay
☐ Checking ☐ Savings				☐ _____ % of Net ☐ Specific Dollar Amount $ _____ .00 ☐ Remainder of Net Pay

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – *PLEASE PRINT IN BLACK/BLUE INK ONLY*

Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	Change My Deposit Amount to:
			☐ From _____% to____% of Net ☐ From $_____.00 To $_____.00 ☐ Remainder of Net Pay
			☐ From _____% to____% of Net ☐ From $_____.00 To $_____.00 ☐ Remainder of Net Pay

EMPLOYEE/WORKER CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above and, if necessary, to electronically debit my account to correct erroneous credits. I certify my account(s) allow these transactions. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Employee/Worker Signature _____ **Date** _____

Note: Digital or Electronic Signatures are **not** acceptable.

One of the following is required to process this enrollment (check one):

☐ Voided check with name imprinted (no starter checks)

☐ Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)

☐ Bank letter or specification sheet (the signature of your local bank representative MUST be included)

☐ Other Bank Documentation from your Financial Institution – If this box is checked the employer must sign this confirmation:

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Printed Name:_____

Employer Signature:_____ **Date** _____

***Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.**

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EMPLOYMENT APPLICATION

Full Name: _____ Date of Application: _____

Home Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____

Are you 18 years of age or older? ☐ Yes ☐ No

Are you either a U.S. citizen or an alien authorized to work in the U.S.? ☐ Yes ☐ No

Have you ever worked or attended school under another name? If so, what name(s)? _____

_____

POSITION DESIRED

Position(s): _____ Available Start Date: _____

Wage Desired: $ _____ ☐ Hourly ☐ Monthly ☐ Annually

Do you prefer: ☐ Full-Time ☐ Part-Time If part time, hours desired per week: _____

Hours available to work: _____ Day of the week available to work: _____

Are you available to work: ☐ Weekends ☐ Holidays ☐ Nights ☐ Overtime

How did you learn our company and any job openings: _____

Have you previously worked for Exceletech Coating & Applications in the past: ☐ Yes ☐ No

If yes, what dates did you previously work for our company: _____

If yes, reason for leaving: _____

If yes, who was your supervisor when you worked for our company: _____

WORK EXPERIENCE

Please list all previous employment beginning with the most recent. If you need more room you may attach another piece of paper or your complete resume.

Employer Name: _____ Phone Number: _____

Address: _____

Dates worked from: _____ to _____ Position held: _____

Reason for leaving: _____ Supervisor's Name & Title: _____

Description of Duties: _____

What languages can you speak: _____ Starting Pay: _____ Final Pay: _____

Employer Name: _____ Phone Number: _____

Address: _____

Dates worked from: _____ to _____ Position held: _____

Reason for leaving: _____ Supervisor's Name & Title: _____

Description of Duties: _____

What languages can you speak: _____ Starting Pay: _____ Final Pay: _____

Employer Name: _____ Phone Number: _____

Address: _____

Dates worked from: _____ to _____ Position held: _____

Reason for leaving: _____ Supervisor's Name & Title: _____

Description of Duties: _____

What languages can you speak: _____ Starting Pay: _____ Final Pay: _____

EDUCATION

High School: _____ Graduated: ☐ Yes ☐ No Course of Study: _____

Vocational School: _____ Graduated: ☐ Yes ☐ No Course of Study: _____

College/University: _____ Graduated: ☐ Yes ☐ No Course of Study: _____

List any certifications, training or special skills related to the job you are applying for: _____

_____

_____

PROFESSIONAL REFERENCES

Provide three references who can verify your work ethic and reliability.

Name: _____ Phone Number: _____ Email: _____

Address: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____

Position or Title: _____ Years Known: _____

EXCELETECH
COATING and APPLICATIONS

BLASTER/PAINTER

The position of Blaster/Painter performs coatings and painting applications, sand-blasting, and other tasks relative to industrial coatings.

Alternative Titles

- Industrial Paint Sprayer
- Sandblaster
- Industrial Painter
- Blaster
- Painter

Essential Function

- Apply coatings through conventional, airless, and plural spray systems.
- Apply paint with brush and roll.
- Operate various types of equipment such as blast pots and spray guns.
- Knowledge of various painting methods and applications.
- Spray with consistent millage.
- Knowledge of various blasts.
- Prepare surfaces.
- Mix paints to desired colors and consistencies.
- Understanding or reading of drawings and/or blueprints.
- Safe operation of construction tools and equipment.
- Grinding, sanding, and polishing.
- Painting, caulking, and sealing.

EXCELETECH
COATING and APPLICATIONS
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221 N. Highway 27, Suite I, Clermont, FL 34711
(P) 352-394-2155 (F) 352-394-5422
www.excelcoatings.com

EXCELETECH
COATING and APPLICATIONS

Qualifications

To perform this job successfully, an individual must be able to perform each essential function satisfactorily. The requirements listed below are representative of the knowledge, skills, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential function

Experience Requirements

- Minimum of 3 years of similar experience of progressive responsibility in painting and/or coatings.
- Understand the difference in SP5 and SP6 for blasting purposes.
- Experience and ability with conventional spray systems, airless spray systems, and plural spray systems.
- Experience and ability applying paint with brush and roll.
- Ability to apply all types of coatings using various application methods.
- Ability to read and interpret blueprints, sketches, and drawings.
- Ability to read coating thickness gages, surface profile gages, dew point meters, soluble salt testers, hardness or ultrasonic thickness gages and complete the associated reports.
- Training and ability to operate a man lift, work at heights, and swing stage training.
- Possession of valid driver's license and ability to travel.

Preferred Qualifications

- CAS Level I, C7 or C12 preferred.
- Experience with epoxy, polyurethane, and high solids coatings is preferred.
- Proficient in the application and use of plural spray systems is preferred.

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EXCELETECH
COATING and APPLICATIONS

Physical Requirements

- The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the job.
- While performing the duties of this job, the employee is regularly required to stand, walk, reach with hands and arms, balance, stoop, kneel, or crouch.
- The employee is repeatedly required to climb vertical ladders.
- The employee is also regularly required to talk, hear, or smell as well as use hands to finger, handle or feel.
- The employee is regularly required to sit.
- The employee must regularly lift and/or move up to 25 pounds, frequently lift and/or move up to 50 pounds and occasionally lift and/or move up to 100 pounds.
- The employee must regularly apply 75-foot pounds of torque in the assembly, dismantling, erection, and installation of various types of structures, tank jig, scaffolding, etc.
- Regularly swings a 10-pound hammer.
- The employee must be able to blast 4-6 hours per day and be able to bear the weight of the hose.
- Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

Mental Requirements

- Language Skills: Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively present information in one-on-one and small group situations to customers, clients, and other employees of the organization.
- Mathematic Skills: Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.
- Reasoning Ability: Ability to apply common sense understanding to carry out detailed but uninvolved written or oral instructions. Ability to deal with problems involving a few concrete variables in standardized situations.

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Work Environment

- The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
- While performing the duties of this job, the employee is regularly exposed to high, precarious places and outside weather conditions.
- The employee is frequently exposed to extreme cold and extreme heat.
- The employee is occasionally exposed to fumes or airborne particles and risk of electrical shock.
- There is machinery, moving equipment (cranes, bulldozers, and other moving equipment) and electrical hand tools at the jobsite.
- The noise level in the work environment is usually loud.
- Other duties as needed or assigned.

**The Statements herein are intended to describe the general nature and levels of work performed by employees, but are not a complete list of responsibilities, duties and skills required of personnel so classified. Furthermore, they do not establish a contract for employment and are subject to change at the discretion of the employer.*

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AUTHORIZATION AND ACKNOWLEDGMENTS

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize Exceletech Coating & Applications verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references 1 have 1isted to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

I attest that I am able to perform the essential functions as outlined in this job description, with or without reasonable accommodation. I acknowledge that the listed duties and responsibilities in this job description are not exhaustive and may be subject to change and that this job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities required of each employee. Duties, activities, and responsibilities, may change at any time with or without notice

Signature: _____ Date: _____

This form can be faxed to (352) 394-5422 or scanned and emailed to donna@excelcoatings.com

AUTHORIZATION FOR PAYROLL DEDUCTIONS

RE:

My name is _____, and I authorized my employer,

_____ to make the following deductions from my pay each week.

____ Loan Repayment	_____ Retirement	_____ Profit Sharing
$_____	$_____	$_____
_____ Advance	_____ Insurance Premium	_____ Savings Bonds
$_____	$_____	$_____
_____ Union Dues	_____ Other	
$_____	$_____	

This Deduction is to be made:

_____ One time only _____ Weekly _____ Monthly

_____ times for _____ weeks

_____ Other:_____

The total amount authorized to be deducted from my paycheck is $_____

Signature:_____

Print Name:_____

Date:_____

AUTHORIZATION FOR PAYROLL DEDUCTIONS

Project Name: Glendale

My name is _____, and I authorized my employer,

Exeletech to make the following deductions from my pay each week.

Deduction		Program Premium	Percentage of Gross Amount Earned Weekly
Loan Repayment	$	0	%
Retirement	$	0	%
Profit Sharing	$	0	%
Pay Advance	$	0	%
Medical Insurance Premium	$	0	%
Savings Bonds	$	0	%
Union Dues	$	0	%
Other: (Please indicate)	$		%

For Deductions made periodically (i.e., loan repayments), please indicate the frequency:

_____ One time only _____ Weekly _____ Monthly

Please indicate the number of times the deduction occurs and for how many weeks:

_____ times for _____ weeks

Starting on week ending _____ **and finishing on week ending** _____.

Employee Signature: _____

Print Name: _____

Date: _____

FRINGE BENEFIT FORM

Excelatch
(Company Name)

The Glendale WTP ccc & Pump Station project requires that prevailing wages must be paid based on work classification. These rates are posted at a specific location on the job site.

Your current Wage Classification (title) in accordance with the wage determination for the project is:

Labor General

The Davis-Bacon wage rate for this classification, in accordance with the wage determination for the project, is:

Hourly rate $ 10.04 Hourly fringe rate $ 0 Total rate $ 10.04

This is your currently hourly wage in comparison to the wage determination:

$_____

Fringes paid on your behalf by your employer:

$_____ Medical per hour based on **40-hour work week.**
$_____ Vacation Accrual per hour based on **40-hour work week.**
$_____ Sick Time Accrual per hour based on **40-hour work week.**
$_____ Holiday Pay Accrual per hour based on **40-hour work week.**
$_____ 401(k) Match per hour based on **40-hour work week.**
$_____ Qualified Non-Elective contribution to 401(k) plan vested at 100%

$_____ **Total Hourly Wage with Fringe Benefits** (Amount should meet or exceed Davis-Bacon rate of pay.)

I understand these wage rates apply only to hours worked on the above referenced project subject to the Davis-Bacon Act.

Employee Name Printed _____ Date: _____

Employee Signature _____

Witness Name Printed _____

Witness Signature _____

*Fringe benefit form to be filled out once for each employee and as needed for adjustments in rate of pay.

FRINGE BENEFIT FORM

Excelatch
(Company Name)

The Glendale WWTP CCC & Pump Station project requires that prevailing wages must be paid based on work classification. These rates are posted at a specific location on the job site.

Your current Wage Classification (title) in accordance with the wage determination for the project is:

Cement Mason

The Davis-Bacon wage rate for this classification, in accordance with the wage determination for the project, is:

Hourly rate $13.18 Hourly fringe rate $ t Total rate $13.80

This is your currently hourly wage in comparison to the wage determination:

$_____

Fringes paid on your behalf by your employer:

$_____ Medical per hour based on **40-hour work week.**
$_____ Vacation Accrual per hour based on **40-hour work week.**
$_____ Sick Time Accrual per hour based on **40-hour work week.**
$_____ Holiday Pay Accrual per hour based on **40-hour work week.**
$_____ 401(k) Match per hour based on **40-hour work week.**
$_____ Qualified Non-Elective contribution to 401(k) plan vested at 100%

$_____ **Total Hourly Wage with Fringe Benefits** (Amount should meet or exceed Davis-Bacon rate of pay.)

I understand these wage rates apply only to hours worked on the above referenced project subject to the Davis-Bacon Act.

Employee Name Printed _____ Date: _____

Employee Signature _____

Witness Name Printed _____

Witness Signature _____

*Fringe benefit form to be filled out once for each employee and as needed for adjustments in rate of pay.

FRINGE BENEFIT FORM

Excelatch
(Company Name)

The Glendale WWTP CCC & Pump Station project requires that prevailing wages must be paid based on work classification. These rates are posted at a specific location on the job site.

Your current Wage Classification (title) in accordance with the wage determination for the project is:
Painter

The Davis-Bacon wage rate for this classification, in accordance with the wage determination for the project, is:

Hourly rate $20.21 Hourly fringe rate $12.38 Total rate $32.59

This is your currently hourly wage in comparison to the wage determination:
$32.59

Fringes paid on your behalf by your employer:

$_____ Medical per hour based on **40-hour work week.**
$_____ Vacation Accrual per hour based on **40-hour work week.**
$_____ Sick Time Accrual per hour based on **40-hour work week.**
$_____ Holiday Pay Accrual per hour based on **40-hour work week.**
$_____ 401(k) Match per hour based on **40-hour work week.**
$_____ Qualified Non-Elective contribution to 401(k) plan vested at 100%

$32.59 **Total Hourly Wage with Fringe Benefits** (Amount should meet or exceed Davis-Bacon rate of pay.)

I understand these wage rates apply only to hours worked on the above referenced project subject to the Davis-Bacon Act.

Employee Name Printed _____ Date: _____

Employee Signature _____

Witness Name Printed _____

Witness Signature _____

*Fringe benefit form to be filled out once for each employee and as needed for adjustments in rate of pay.