

Suffolk County Department of Labor
Prevailing Wage Acknowledgement

Project Number: _____

Project Name/Location:

I, hereby, acknowledge that I have been fully informed by my employer that I have the right to receive and will be receiving the prevailing wages and supplements for the occupation of _____ for which I have been hired at the job site listed above. The current rate of pay is _____ per hour including all fringe benefits.

I further acknowledge that I have received and, under no duress, signed this written notice prior to my beginning work at the job site listed above.

For the purposes of this acknowledgement, an employee includes, in addition to those immediately under the hire and/or suspension of the prime contractor, employees of subcontractors engaged in work at the job site listed above.

Contractor/Subcontractor Signature

Employee Signature

Contractor/Subcontractor Name
(PRINT CLEARLY)

Employee Name
(PRINT CLEARLY)