

**MEMO TO:** CONTRACTORS/SUB CONTRACTORS  
**FROM:** OFFICE OF CIVIL RIGHTS AND LABOR COMPLIANCE  
**DATE:** 2012 CONSTRUCTION SEASON  
**SUBJECT:** MISSING WAGE/WORK CLASSIFICATION(S)

## LETTER OF REQUEST

When a wage rate for a Work Classification is missing from the General Wage Decision, **the prime contractor/subcontractor must complete a letter of request for each classification.** This request should be made to our office on Company letterhead. **Request should be made prior to the start date of the project.**

**\* A sample letter can be e-mailed at your request.**

This request (sample enclosed) should include the following information:

1. Project Name/Number;
2. County in which work is being performed;
3. Work Classification for which wage is being requested;
4. Work Classification Description;
5. Suggested Base Rate;
6. Suggested fringe benefits amount, if applicable.

## Please submit your request to:

Sonya Boisvert, Labor Compliance Officer  
Office of Civil Rights & Labor Compliance  
Vermont Agency of Transportation  
One National Life Drive  
Montpelier, VT 05633-5001

Once your request is received in our office, we will forward it to the U.S. Department of Labor. You will then receive notification from our office if the request was approved or disapproved.

If you have any questions about this procedure or if you need help to determine the wage rate for any classification, please contact Sonya Boisvert in the Office of Civil Rights & Labor Compliance, 802-828-2644, toll free, 800-356-1965 or e-mail [Sonya.Boisvert@state.vt.us](mailto:Sonya.Boisvert@state.vt.us).

Company Letter Head

Date

VT Agency of Transportation  
Attn: Sonya Boisvert, Labor Compliance Officer  
One National Life Drive  
Montpelier, VT 05633-5001

**SAMPLE**

Subject: Request for Additional Work Classification(s)

Project Name and Number:

Wage Schedule Number: (for example VT 020037–check contract for correct schedule number)

County:

Dear Sir or Madam:

I am writing to request work classification(s) for the above referenced project(s), which currently do not have the needed work classifications and associated rates assigned. The below information is provided, defining the county in which the work will be performed, the actual work classification needed, and our proposed base rate and fringes rate:

WORK CLASSIFICATION

BASE RATE

FRINGE

We understand and acknowledge that:

- The USDOL will make a determination on our request
- The USDOL may approve the requested work classification but may stipulate that the work classification pay a higher rate
- Should the USDOL determine that the work classification carry a higher wage/fringe rate than the one we've requested, we will begin paying the higher rate(s) immediately. We further understand that we will be required to make up any additional wages for any employee if we choose to employ person or persons in the requested classification prior to receiving USDOL approval.

Please call me at (xxx) xxx-xxxx if you have any questions. Thank you.

Sincerely,

Name  
Title

