

## FRINGE BENEFITS


 paid on behalf of each employee for each fringe benefit.

| Employee Name | Health and Welfare (\$/hr) | Pension (\$/hr) | Vacation (\$/hr) | Holiday (\$/hr) | Apprentice Training (\$/hr) | $\begin{aligned} & \text { Other } \\ & \text { C } \\ & (\$ / h r) \end{aligned}$ | $\begin{aligned} & \text { Other } \\ & \text { D } \\ & \text { (\$/hr) } \end{aligned}$ | $\begin{aligned} & \text { Total } \\ & (\$ / \mathrm{hr}) \end{aligned}$ | If "Other/Deduction" or Fringes, please explain. <br> (Indicate Other A, B, C or D) | Identify by name, the plan, fund, or programs to which fringe benefits are paid. <br> (Indicate H\&W, Pension, etc.) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  | 0 |  |  |
|  |  |  |  |  |  |  |  | 0 |  |  |
|  |  |  |  |  |  |  |  | 0 |  |  |
|  |  |  |  |  |  |  |  | 0 |  |  |
|  |  |  |  |  |  |  |  | 0 |  |  |
|  |  |  |  |  |  |  |  | 0 |  |  |
|  |  |  |  |  |  |  |  | 0 |  |  |
|  |  |  |  |  |  |  |  | 0 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

$\qquad$
(1) That I pay or supervise the payment of the persons employed by $\qquad$ (Contractor or Subcontractor) on the
(Building or Work); that during the payroll period commencing seven (7) days prior to the week ending date of $\qquad$ all persons employed on said project have been paid the full weekly wages stated above, that no rebates have been or will be made either directly or indirectly to or on behalf of $\qquad$ (Contractor or Subcontractor), from the full weekly wages earned by any person and that no deductions have been made


 from the state for the period of one year following the completion of the public work in connection with which the records are made
 contained in any wage order incorporated into the contract; that the occupational title set forth herein for each laborer or mechanic conform with the work performed.

| Name and Title | Signature |
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