

**Bidding Requirements, Contract Forms Conditions of the Contract
WAGE RATES AND PAYROLL REPORTING
Section 00830HH**

PREVAILING WAGE RATE DETERMINATION

HEAVY AND HIGHWAY CONSTRUCTION

COUNTY NAME: TRAVIS

Wages based on DOL General Decision:TX20080041 02/08/2008 TX41

Classification	Wage Rate	Classification	Wage Rate
Air Tool Operator	\$ 16.00	Motor Grader Operator - Fine Grade	\$ 15.26
Asphalt Distributor Operator	\$ 12.09	Motor Grader Operator - Rough	\$ 12.96
Asphalt Paving Machine Operator	\$ 11.82	Oiler	\$ 14.71
Asphalt Raker	\$ 9.96	Painter - Structures	\$ 11.00
Asphalt Shoveler	\$ 10.56	Pavement Marking Machine Operator	\$ 11.52
Broom or Sweeper Operator	\$ 9.74	Pipelaye	\$ 10.49
Bulldozer Operator	\$ 11.04	Planer Operator	\$ 17.45
Carpenter	\$ 12.25	Reinforcing Steel Setter, Paving	\$ 15.50
Concrete Finisher, Paving	\$ 10.53	Reinforcing Steel Setter, Structures	\$ 14.00
Concrete Finisher, Structures	\$ 10.95	Roller Operator, Pneumatic, Self Propelled	\$ 9.34
Concrete Paving Curbing Machine Operator	\$ 14.00	Roller Operator, Steel Wheel, Flatwheel/Tamping	\$ 9.60
Concrete Paving Finishing Machine Operator	\$ 12.00	Roller Operator, Steel Wheel, Plant Mix Pavement	\$ 10.24
Concrete Rubber	\$ 10.88	Scraper Operator	\$ 9.93
Crane, Clamshell, Back Hoe, Derrick, Dragline, or Shovel Operator	\$ 13.66	Servicer	\$ 11.41
Electrician	\$ 24.11	Sign Installer (PGM)	\$ 14.85
Flagger	\$ 9.49	Slip Form Machine Operator	\$ 15.17
Form Builder/ Setter, Structures	\$ 10.88	Spreader Box Operator	\$ 10.39
Form Setter - Paving & Curb	\$ 9.89	Structural Steel Worker	\$ 13.41
Foundation Drill Operator, Truck Mounted	\$ 15.00	Tractor Operator, Crawler Type	\$ 11.10
Front End Loader Operator	\$ 11.36	Traveling Mixer Operator	\$ 10.04
Laborer, Common	\$ 9.34	Trenching Machine Operator, Heavy	\$ 14.22
Laborer, Utility	\$ 10.12	Truck Driver Tandam Axle Semi-Trailer	\$ 10.95
Mechanic	\$ 14.74	Truck Driver, Lowboy-Float	\$ 15.30
Mixer Operator, Concrete Paving	\$ 15.25	Truck Driver, Single Axle, Heavy	\$ 11.88
Mixer Operator	\$ 10.83	Truck Driver, Single Axle, Light	\$ 9.98
		Wagon Drill, Boring Machine, Post Hole Operator	\$ 14.65
		Welder	\$ 14.26
		Work Zone Barricade Servicer	\$ 11.15

<http://www.access.gpo.gov/davisbacon/tx.html>

The Wage Compliance information detailed below was excerpted from General Decision TX20080041 or other DOL sources.

- 1. Additional Trade information:**
Unlisted classifications needed for work not listed within the scope of the classifications listed may be added upon the advance
- 2. Wages**
For overtime, the basic hourly rate listed in the contract wage determination must be used in computing pay obligations.
- 3. Proper Designation of Trade**
A work classification from the Prevailing Wage Poster for each worker must be made based on the actual type of work he/she

4. Split Classification

If a firm has employees that perform work in more than one classification, it can pay the wage rates specified for each classification

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

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Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

In the listing above, the "SU" designation means that rates listed under the identifier do not reflect collectively bargained wage and fringe benefit rates. Other designations indicate unions whose rates have been determined to be prevailing.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

- * an existing published wage determination
- * a survey underlying a wage determination
- * a Wage and Hour Division letter setting forth a position on a wage determination matter
- * a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:
Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

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Payroll Deduction Authorization Form

This is authorization to the _____
 (Esta es autorización para) Name of Contractor (Nombre del Contratista)

to deduct from my paycheck \$ _____
 (de deducir de mi cheque) Amount (Cuanto)

Payment Of (Pago de la)	Deduction Amount (cuanto para deducción)	One Time Only (Una vez solamente)	Weekly (cada semana)	Bi-Weekly (Cada dos semanas)	Monthly (cada mes)
Loans (Prestados)					
Retirement (Retiro)					
Advance on Wages (Deniro avanzar de pago)					
Savings (Ahorros)					
Savings Bonds (Enlance que ahorra)					
Uniforms (Uniformes)					
Credit Union/Bank (Banco o unión de crédito)					
Profit Sharing (Distribución de Beneficios)					
Donations (Donaciones)					
Insurance Premiums (Primas de seguro)					
Union Dues (pagos de la union)					
Child Support (Manutención de Niños)					
Other, Specify (Otro, Especifique)					

Employee's Signature: _____
 (Firma del empleado)

Date: _____
 (Fecha)

Employee's Printed Name: _____
 (Nombre impreso del empleado)

Employee's Phone No. & Address: _____
 Numero del telefono y direccion del empleado

Project Name & Contract Number: _____
 Nombre del proyecto y numero del contrato

Job Classification (THIS PROJECT ONLY): _____
 Clasificación del proyecto (este proyecto solamente)

Hourly Base Wage (THIS PROJECT ONLY): _____
 Pago por hora (este proyecto solamente)



EMPLOYEE CERTIFICATION

CONTRACTOR: _____

SUBCONTRACTOR: _____

PROJECT: _____ CIP

I, _____, was hired for this project on _____ as
a/an _____ and will be compensated as required by the prevailing wage
scale for this project as noted below. I will also be compensated for any and all worked performed in addition
to this classification.

Indicate: () Building Trade Prevailing Wage and/or () Heavy & Highway Prevailing Wage
Basic Hourly Wage \$ _____

Total Hourly Fringe Benefits Rate Paid By Employer (if applicable) \$ _____

(Breakdown of Fringe Benefits Paid By Employer: Add additional pages if needed.)

Description: _____ Hourly Fringe Benefit \$ _____

Description: _____ Hourly Fringe Benefit \$ _____

Description: _____ Hourly Fringe Benefit \$ _____

Description: _____ Hourly Fringe Benefit \$ _____

Total Earnings Per Hour \$ _____

My signature certifies that I agree with the information provided above and that I have received a copy of this document.

(Signature)

(Date Employee Signed)

(Employee Home Address)

(Employee Phone)

(Witness Signature)

(Printed Name)

Note: If my employer asks that I perform more than one trade, the employer will prepare for my signature another Certification Form for my signature or pay me the highest wage of the two.



CERTIFICACION del EMPLEADO

CONTRATISTA: _____

SUBCONTRATISTA: _____

PROYECTO: _____ CIP _____

Yo, _____, fui empleado para este proyecto el _____ como _____ y seré compensado según los requisitos de la escala de salario que prevalece para este proyecto según lo descrito abajo. También seré compensado por cualquier y todo trabajo realizado dentro de cualquier otra clasificación.

- Indicar:** Salario que prevalece en la Construcción-Edificios y/o
 Salario que prevalece en la Construcción-Equipo Pesado y Carretera

Pago por hora _____ \$ _____

Monto por Hour de los beneficios complementarios-
Pagados por el Empleador (si aplican) _____ \$ _____

(El desglose de los beneficios complementarios pagados por el Empleador: (Anexe páginas adicionales si fuese necesario.)

Descripción: _____ Beneficios complementarios por hora \$ _____

Descripción: _____ Beneficios complementarios por hora \$ _____

Descripción: _____ Beneficios complementarios por hora \$ _____

Descripción: _____ Beneficios complementarios por hora \$ _____

Ganancias totales por la hora _____ \$ _____

Mi firma certifica que la información proporcionada arriba es correcta y que he recibido una copia de este documento.

(Firma)

(Fecha en que el Empleado Firma)

(Firma del testigo)

(Domicilio y Teléfono del Empleado)

(Nombre impreso)

Nota: Si mi empleador quiere que yo cubra más de una clasificación, él se encargará de preparar otro certificado para mi firma, o me pagará el precio que cotice más alto de los dos clasificación.

**LAUGHLIN-THYSSEN, INC
CITY OF AUSTIN
ONION CREEK 24" SOUTH ZONE WTM 36" CENTRAL ZONE
WATER TRANSMISSION MAIN LOCATION**

MINIMUM INSURANCE REQUIREMENTS

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE

\$ 1,000,000 BODILY INJURY PER ACCIDENT
\$ 1,000,000 BODILY INJURY PER DISEASE - POLICY LIMIT
\$ 1,000,000 BODILY INJURY PER DISEASE - EACH EMPLOYEE

COMMERCIAL GENERAL LIABILITY INSURANCE

\$ 1,000,000 EACH OCCURRENCE
\$ 2,000,000 GENERAL AGGREGATE

BUSINESS AUTOMOBILE LIABILITY INSURANCE

\$ 1,000,000 COMBINED SINGLE LIMIT PER OCCURRENCE FOR BODILY
INJURY AND PROPERTY DAMAGE

PROFESSIONAL LIABILITY INSURANCE (for Engineering or Surveying services)

\$ 500,000 PER CLAIM AND IN AGGREGATE

LAUGHLIN-THYSSEN, INC MUST BE LISTED AS ADDITIONAL INSURED