

# Labor Rate Sheet

<b>PROJECT</b>	<b>DATE</b>
Nanuet Union Free School District – Phase 3 Projects	<b>CONTRACT NO.</b>
<b>KSQ PROJ. # 2211002.00</b>	<b>CONTRACTOR</b>

## LABOR RATES

### DIRECTIONS

All contractors are requested to submit a schedule of labor rates to be used for the duration of this project. Please provide a separate rate for each trade classification for the work of this contract. These rates will be used to determine labor charges on any additional work of this contract. (Submit a separate sheet for each wage period).

### WAGE PERIOD

### LABOR CLASSIFICATION

	Straight Time	Over Time	Double Time
Base Rate	\$		
'Benefits	\$		
Subtotal	\$		
All Payroll Taxes _____ % of Base Rate	\$		
Total Straight Time (Rate/Hour)	\$		

BID SET ISSUANCE  
DECEMBER 15, 2022

Contractor Name: _____		Date: _____	
Address: _____		DASNY Project No.: _____	
Telephone Number: _____		Project Name: _____	
		County: _____	

  

<b>LABOR RATE BREAKDOWN</b> (Use a separate worksheet for each trade and classification)		Trade/Classification: _____	
Check One Box Only: Union Shop: <input type="checkbox"/> Local: _____ Open Shop: <input type="checkbox"/>			
Effective Dates for Wage Rates:    From: _____      To: _____		REGULAR      PREMIUM TIME BASE RATE      (only when directed)	

  

<b>A. BASE RATE PER HOUR</b>					
<b>BENEFITS</b> ( check all taxable benefits that apply)  Vacation and Holiday Health and Welfare Pension Annuity Education / Apprentice Training Supplemental Unemployment Security Fund _____ _____ _____ (Identify Taxable Benefits)	Taxable Benefits	% per hour	\$ per hour		
	No		\$0.00		
	No		\$0.00		
	No		\$0.00		
	No		\$0.00		
	No		\$0.00		
	No		\$0.00		
	No		\$0.00		
	No		\$0.00		
	No		\$0.00		
<b>B. TOTAL BENEFITS PER HOUR</b>			\$0.00	\$0.00	\$0.00

  

<b>PAYROLL TAXES AND INSURANCE</b>					
FICA					
Medicare					
Federal Unemployment					
State Unemployment					
Disability					
Workers' Compensation	Code: _____				
Liability					
<b>C. TOTAL TAXES AND INSURANCE PER HOUR</b>					
<input type="checkbox"/> All benefits are paid directly to Employee. <input checked="" type="checkbox"/> Only benefits identified above are Taxable.				\$0.00	\$0.00
				\$0.00	\$0.00

  

<b>D. TOTAL LABOR RATE</b>		( A + B + C ) =		\$0.00	\$0.00
----------------------------	--	-----------------	--	--------	--------

  

<b>E. CONTRACTOR'S CERTIFICATION</b>	
I certify that the labor rates, insurance enumerations and expenses are correct and in accordance with actual and true cost incurred.	
_____ Signature of Authorized Representative	Sworn before me this _____ day of _____, 20 _____.
_____ Print Name	
_____ Print Title	_____ Notary Public