

### CONTRACTOR AND EMPLOYEE INFORMATION FORM

Awarding Agency: \_\_\_\_\_ Contract / PO No: \_\_\_\_\_

General Contractor's Company: \_\_\_\_\_

General Contractor's Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of employees working on this State Contract and listed on this worksheet: \_\_\_\_\_

A contractor is required to provide to the Commissioner of Labor and Industry on the day that work commences the following:

- A list of all subcontractors working under this contract (Subcontractor and Employee Information Form must accompany this form).
- The information listed below for those employees who are covered under the Living Wage Law pursuant to Regulation 21.11.10.02. A contractor or his designee must ensure that this form is completed in its entirety and certified as correct. All information submitted is subject to verification.

The Living Wage Law requires that employers subject to this Law pay to covered employees the Maryland Living Wage. Go to [www.dllr.state.md.us/labor/prev/livingwage.shtml](http://www.dllr.state.md.us/labor/prev/livingwage.shtml) for the current rates.

**CONTRACTOR AND EMPLOYEE INFORMATION FORM (continued)**

Employee's Name:	Date of Hire:
Weekly Work Hours:	Employee Pay Rate per hour: \$
What was the hourly rate prior to the application of the Living Wage Law? : \$	

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**I understand that the employee information provided will be used by the Commissioner of Labor and Industry, Living Wage Section for the purpose of monitoring compliance with the Living Wage Law.**

Person completing this form: \_\_\_\_\_

Title or position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**(THIS SHEET MUST BE THE LAST SHEET)**