					A	UTHURIZ	ED FOR LOC	AL REPRODUCTION	
REQUE			PROPRIATE BOX VICE CONTRACT		OMB No.: 9000-0089				
ADDITION			ISTRUCTION CONTRA	ACT	Expires:	oires: 04/30/2005			
instructions, searching e Send comments regardi to the FAR Secretariat (for this collection of information is existing data sources, gathering ar ng this burden estimate or any ot [MVP], Office of Acquisition Policy-0089), Washington, DC 20503.	nd maintaini her aspect o	ng the dăta nee of this collection	eded, n of i	and completing an information, includi	d review na suaae	ing the coll estions for r	ection of information. educing this burden.	
INSTRUCTIONS: THE C	ONTRACTOR SHALL COMPLETE THE CONTRACTING OFFICER.	ITEMS 3 TI	HROUGH 16, K	EEP /	A PENDING COPY,	AND SU	IBMIT THE	REQUEST, IN	
1. TO:	2. FROM: (REPORTING OFFICE)								
ADMINISTRATOR, Employment Standards Administration WAGE AND HOUR DIVISION U.S. DEPARTMENT OF LABOR WASHINGTON, D.C. 20210									
3. CONTRACTOR	4. DATE OF REQUEST								
5. CONTRACT NUMBER	6. DATE BID OPENED (SEALED BIDDING)	7. DATE OF	AWARD		8. DATE CONTRAC STARTED	T WORK		OPTION EXERCISED (IF CABLE) (SCA ONLY)	
10. SUBCONTRACTOR (IF	l ANY)								
11. PROJECT AND DESCRI	PTION OF WORK <i>(ATTACH ADDITIO</i>	NAL SHEET I	F NEEDED)						
12. LOCATION (<i>CITY, COU</i>	INTY AND STATE)								
13. IN ORDER TO COMPLE INDICATED CLASSIFIC	TE THE WORK PROVIDED FOR UNDE ATION(S) NOT INCLUDED IN THE DEF	R THE ABOV PARTMENT C	E CONTRACT, IT OF LABOR DETERM	IS NE MINA	ECESSARY TO ESTAE TION	BLISH THE	FOLLOWING	G RATE(S) FOR THE	
NUMBER:			_ DA	TED:					
a. LIST IN ORDER: PROPOS AND RATIONALE FOR PR	(S); DUTIES; b. WA		b. WAGE RA	E RATE(S)		FRINGE BENEFITS PAYMENTS			
(Use reverse or attach additional sheets, if necessary)									
14. SIGNATURE AND TITLE (IF ANY)	E OF SUBCONTRACTOR REPRESENTA	TIVE	15. SIGNATURE	AND	TITLE OF PRIME COI	NTRACTO	ir represen	TATIVE	
16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE			TITLE		C	CHECK APPROPRIATE BOX-REFERENCING BLOCK 13.			
						∐ AG	GREE	DISAGREE	
	BY CONTRACTING OFFICER	•					•		
INFORMATION AND THE INTERESTED PA	RTIES AGREE AND THE CONTRACTIN RECOMMENDATIONS ARE ATTACHEI RTIES CANNOT AGREE ON THE PROP	D. POSED CLAS	SIFICATION AND	WAG	GE RATE. A DETERMI	NATION (OF THE QUE		
AND HOUR DIVISION IS THEREFORE REQUESTED. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED. (Send copies 1, 2, and 3 to Department of Labor)									
SIGNATURE OF CONTRAC	(Send copies 1, 2) IATURE OF CONTRACTING OFFICER OR REPRESENTATIVE			, and 3 to Department of Labor, TITLE AND COMMERCIAL NO.		DATE SU	DATE SUBMITED		
						1			