

## CONTRACTOR AND EMPLOYEE INFORMATION FORM



Awarding Agency:	Contract / PO No:
General Contractor's Company:	
General Contractor's Address:	
City/Town:	State: 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 following:	of Labor and Industry on the day that work commences the
• A list of all subcontractors working under this contra accompany this form).	ct (Subcontractor and Employee Information Form must
	s who are covered under the Living Wage Law pursuant to ee must ensure that this form is completed in its entirety and ect to verification.
The Living Wage Law requires that employers subject to to to: <a href="http://www.dllr.maryland.gov/prev/livingwage.sht">http://www.dllr.maryland.gov/prev/livingwage.sht</a>	this Law pay to covered employees the Maryland Living Wage.  ml for the current rates.
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	e Living Wage Law? : \$
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	e Living Wage Law? : \$

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Living Wage Section for the purpose of monitoring co	ed will be used by the Commissioner of Labor and Industry ompliance with the Living Wage Law.
Print/Type Name	Signature
Title or position	
Date	

Department of Labor, Licensing and Regulation
Division of Labor and Industry
Living Wage Unit

1100 North Eutaw Street, Room 606 Baltimore, MD 21201

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