

State of Maryland
Department of Labor, Licensing and Regulation
Division of Labor and Industry
Living Wage Section
1100 North Eutaw Street Room 607
Baltimore, Maryland 21201
(410) 767-2342 Fax: (410)-333-7303

SUBCONTRACTOR AND EMPLOYEE INFORMATION FORM

Name of Prime Contractor: _____

Company Address: _____

City/Town: _____ Zip: _____

Telephone Number: _____ Fax: _____

Awarding Agency: _____ Contact No/PO No: _____

A contractor is required to provide to the Commissioner of Labor and Industry, Living Wage Section, a list of all subcontractors working under this contract on the day that work commences. Attach additional sheets as necessary.

Number of subcontractors working on this contract?

Subcontractor:

Phone Number:

Subcontractor's Address:

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? : \$

SUBCONTRACTOR AND EMPLOYEE INFORMATION FORM (Continued)

Subcontractor:

Phone Number:

Subcontractor's Address:

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? : \$

Subcontractor:

Phone Number:

Subcontractor's Address:

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? : \$

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)