APPENDIX I – SAMPLE LETTERS AND FORMS

ADMINISTRATIVE SUPPORT DOCUMENTS

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

November 25, 2014

claimant name
Claimant address
CITY STATE ZIP

Dear: claimant name

Re: Claim# enter claim number, claimant name vs. employer name
Project: project name

The department is unable to assist you with your prevailing wage complaint. It has been determined that this project is not within the jurisdiction of the provisions of the Prevailing Wage on State Projects Act, Public Act 166 of 1965, because enter reasons. No further action is required, and the department's file will be closed.

If you have any further questions, you may contact me at the phone number below.

Sincerely,

Marguerite Bayer, Investigator
phone number

cc:

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WAGE AND HOUR PROGRAM
TECHNICAL SERVICES DIVISION
P.O. BOX 30476 • LANSING, MICHIGAN 48909-7976
www.michigan.gov/wagehour • (517) 322-1825 • FAX (517) 322-6352
Toll Free: 1-855-4MI-WAGE (1-855-464-9243)

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

Click here to enter a date.

claimant name
claimant street address
City State Zip

Dear: claimant name

Re: Claim# claim number, claimant name vs. employer name
Project: project name

The department has completed its investigation of the above prevailing wage complaint pursuant to the authority provided in the Prevailing Wages on State Projects Law, P.A. 166 of 1965.

The investigation has revealed that contracting agent failed to Choose an item.. I will be unable to assist you further with your claim; no further action may be taken.

If you have any further questions, you may contact me at the number below.

Sincerely,

Matthew Schmidt, Investigator

cc:

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MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

Click here to enter a date.

clamant name
claimant street address
City State Zip

Dear: first name

Re: Claim# claim number, last name vs. employer name
Project: project name

The department has reviewed the employer's records for the above complaint and determined that you are not a construction mechanic as defined in Section 1 of the Prevailing Wages on State Projects Act, Public Act 166 of 1965. The job classification, job classification is not covered by Public Act 166.

I will be unable to assist you further with your claim. The department's file on this matter is closed. If you have any further questions, you may contact me at the number below.

Sincerely,

Kristine Reigler, Investigator

cc:

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MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

Click here to enter a date.

Dear:

Re: vs. Claim#
Project:

The complainant has withdrawn the complaint filed under the Prevailing Wages on State Projects Act, Public Act 166 of 1965, with the department.

As a result of this withdrawal, the case has been closed and will no longer be pursued by the department. If you have any questions concerning this matter, please contact me at the number below.

Sincerely,

Choose an item., Investigator

cc:

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MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

May 29, 2014

claimant name
street address
City State Zip

Dear :first name

Re: Claim# enter claim number, last name vs. employer name
Project: project number

The department has made numerous attempts to review the employer's records for your complaint. The employer has failed to respond to our requests for records.

In the absence of records the department will not be able to pursue your complaint.

If you have any further questions, you may contact me at the phone number below.

Sincerely,

Choose an item., Investigator
Wage and Hour Program
inv telephone number

cc:

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GOVERNOR

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MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

Click here to enter a date.

claimant name
street address
City State Zip

Dear:claimant name

Re: Claim # claim number, claimant name vs. employer name
Project: project name

The department has completed the investigation of the above prevailing wage complaint pursuant to the authority provided in the Prevailing Wages on State Projects Act, Public Act 166 of 1965.

A review of the records and the enclosed one pay period sample audit indicates employer name is in compliance with the Prevailing Wages on State Projects Act, Public Act 166 of 1965. No further action is required and the department's file will be closed.

If you have any further questions, you may contact me at the number below.

Sincerely,

Choose an item., Investigator
inv telephone number
cc:

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MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

Click here to enter a date.

claimant name
street address
CityState Zip

Dear: claimant name

Re: Claim# claim number, claimant name vs. employer name
Project: project name

The department has completed the investigation of your prevailing wage complaint pursuant to the authority provided in the Prevailing Wages on State Projects Act, Public Act 166 of 1965.

The investigation found the contractor was not in compliance with the requirements of the Act. Efforts to informally resolve this matter have been successful and no further action is required. The department's file will be closed.

If you have any further questions, you may contact me at the phone number below.

Sincerely,

Choose an item., Manager
Wage and Hour Program
manager phone number

cc:

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MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

Click here to enter a date.

claimant name
clmnt street address
clmnt city state zip

Dear: claimant name

Re: Claim # claim number ,claimant name vs. employer name
Project: project name

The department has completed the investigation of the prevailing wage complaint identified above pursuant to the authority provided in the Prevailing Wages on State Projects Act, Public Act 166 of 1965.

The investigation found that the contractor, employer name, was not in compliance with the requirements of the Act and has failed to pay. The contractor listed above will be placed on the Complaint Investigation Non-Compliance Summary Report for a period of three years from the date of closing. The Complaint Investigation Non-Compliance Report will be sent with all issued rates and upon any Freedom of Information Act requests.

We are notifying the contracting agent, Contracting Agent, by a copy of this letter, of its authority under Section 6; "The contracting agent, by written notice to the contractor and the sureties of the contractor known to the contracting agent, may terminate the contractor's right to proceed with that part of the contract, for which less than the prevailing rates of wages and fringe benefits have been or will be paid, and may proceed to complete the contract by separate agreement with another contractor or otherwise, and the original contractor and his sureties shall be liable to the contracting agent for any excess costs occasioned thereby".

If you have any further questions, you may contact me at the phone number below.

Sincerely,

Choose an item., Manager
Wage and Hour Program
mgr telephone number

cc:

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STATE OF MICHIGAN
RICK SNYDER
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DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

Click here to enter a date.

Claimant Name
Claimants Address
Claimants City State Zip

Dear Claimant Name:

Re: Claim # ,Claimant Name vs. Employer Name,
Project: Project name

The department is unable to assist you with your prevailing wage complaint. The contracting agent has not provided sufficient documentation to determine jurisdiction under the Prevailing Wages on State Projects Act, Public Act 166 of 1965. No further action can be taken and the department's file will be closed.

If you have any further questions, you may contact me at the number below.

Sincerely,

Choose an item. Investigator
inv telephone number

cc:	Contracting Agent Name	Project Manager Name	Prime Contractor Name
	Contracting Agent Contact Name	Project Manager Contact Name	Prime Contractor Contact
	Contracting Agents Address	Project Managers Address	Prime Contractor Address
	Contracting Agents City State Zip	Project Managers City State Zip	Prime Contractor City State Zip

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MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

Click here to enter a date.

Claimant Name
Address Line 1
Address Line 2
City, State & Zip Code

Dear Claimant Name:

Re: Claim # Claim #, Claimant Name vs. Employer Name
Project: Project Description

On Complaint Receipt Date, the department received your complaint alleging non-payment of prevailing wages during the period of Period Claimed as an employee of Employer Name. An investigation was commenced and it has been determined that your past employer's whereabouts is unknown. For this reason the department is unable to proceed with the enforcement of your claim.

Accordingly, your claim has been suspended. If you can provide a new address for your past employer, please contact me immediately. Your claim will be kept on file for two years and will be reopened if an address is received.

Sincerely,

Choose an item. ,Investigator

cc:	Employer Name	Contracting Agent Name	Project Manager Name	Prime Contractor Name
	Employer Contact Name	Contracting Agent Contact Name	Project Manager Contact Name	Prime Contractor Contact
	Employers Address	Contracting Agents Address	Project Managers Address	Prime Contractor Address
	Employers City State Zip	Contracting Agents City State Zip	Project Managers City State Zip	Prime Contractor City State Zip

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RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
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MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

Click here to enter a date.

Claimant Name
Address Line 1
City, State & Zip Code

Dear Claimant Name:

Re: Claim #Claim #, Claimant Name vs Employer Name
Project: Project Description

The department is unable to assist you with your prevailing wage complaint. It has been determined that the complaint is not within the department's jurisdiction of the provisions of the Prevailing Wage on State Projects Act, P.A. 166 of 1965, because it was not filed within three years of the alleged violation period. No further action is required, and the department's file will be closed.

If you have any further questions, you may contact me at the number below.

Sincerely,

Choose an item. , Investigator

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GOVERNOR

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MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

December 8, 2014

Dear :

Re: **Error! Reference source not found.** vs. **Error! Reference source not found.**, Claim # **Error! Reference source not found.**

In the course of investigating the above referenced claim filed under the Prevailing Wages on State Projects Act, P.A. 166 of 1965. **Error! Reference source not found.** has failed to provide records as requested on Notification letter date and 2nd records request date.

This letter is notification that **Error! Reference source not found.** is in violation of Section 5 of the Act. To avoid further action on this violation please provide the following records as soon as possible, but no later than 10 calendar days from the date of this letter:

- Time records and payroll records for the entire period of the project
- Detailed job description/classification for the construction mechanic(s)
- Written fringe benefit policies
- A record fringe benefits paid or accrued during the fringe benefit year
- Other documents to verify fringe benefits paid on behalf of the construction mechanic(s)

Be aware that under Section 6, “The contracting agent, by written notice to the contractor and the sureties of the contractor known to the contracting agent, may terminate the contractor’s right to proceed with that part of the contract, for which less than the prevailing rates of wages and fringe benefits have been or will be paid, and may proceed to complete the contract by separate agreement with another contractor or otherwise, and the original contractor and his sureties shall be liable to the contracting agent for any excess costs occasioned thereby”.

If the requested records are not made available in compliance with Section 5, the contractor listed above will be placed on the Complaint Investigation Non-Compliance Summary Report for a period of three years from the date of closing. The Complaint Investigation Non-Compliance Report will be sent with all issued rates and upon any Freedom of Information Act requests.

If you have any questions, please contact me at the number below.

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Toll Free: 1-855-4MI-WAGE (1-855-464-9243)

Sincerely,

Tela-Moynai Aldridge, Investigator

cc:	Contracting Agent Name	Project Manager Name	Prime Contractor Name
	Contracting Agent Contact Name	Project Manager Contact Name	Prime Contractor Contact
	Contracting Agents Address	Project Managers Address	Prime Contractor Address
	Contracting Agents City State Zip	Project Managers City State Zip	Prime Contractor City State Zip

STATE OF MICHIGAN
RICK SNYDER
GOVERNOR
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

Click here to enter a date.

Employer name
erstreet address
ER cityStateZip

Re: Claim # Claim Number, claimant name vs. Employer name

A complaint has been filed alleging a violation of the Prevailing Wages on State Projects Act, Public Act 166 of 1965. This letter should not be construed as a determination that the claim is valid.

Name of Complainant:	claimant name
Project Description:	project name
Period Claimed:	period claimed
Occupation:	occupation claimed
Nature of Complaint:	nature of complaint

Section 5 of Act 166 requires in part that every contractor and subcontractor maintain records and provide them to the department for inspection. Please provide copies of the time records, payroll records including gross earnings & itemization of deductions, written agreements or written policies, fringe benefits paid or fringe benefit policies, canceled checks or other information necessary to resolve the claim.

The Act also requires that every contractor and subcontractor post a copy of the prevailing wage rates in a conspicuous place at the construction site. Please provide written certification of compliance with the posting requirements to include: a copy of the posted rates, posting date, location of posting on construction site & whether or not this location is accessible to all construction mechanics.

Provide these records and certification **within 10 calendar days.** Your response is necessary to evaluate the merits of the claim. You may complete a self-audit and send a check to this office made payable to claimant name

Be aware that under Section 6, "The contracting agent, by written notice to the contractor and the sureties of the contractor known to the contracting agent, may terminate the contractor's right to proceed with that part of the contract, for which less than the prevailing rates of wages and fringe benefits have been or will be paid, and may proceed to complete the contract by separate agreement with another contractor or otherwise, and the original contractor and his sureties shall be liable to the contracting agent for any excess costs occasioned thereby".

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If the requested records are not made available in compliance with Section 5, the contractor listed above will be placed on the Complaint Investigation Non-Compliance Summary Report for a period of three years from the date of closing. The Complaint Investigation Non-Compliance Report will be sent with all issued rates and upon a Freedom of Information Act requests.

Please contact me if you require additional information about the complaint or law. All parties involved with this case must notify me of any address or phone number changes and any direct payments made or received.

Sincerely,

Choose an item., Investigator
Inv telephone number

cc:

STATE OF MICHIGAN
RICK SNYDER
GOVERNOR
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

Click here to enter a date.

employer name
ER street address
er citystatezip

Re: Claim # claim number , claimantname vs. employer name

A third party complaint has been filed alleging a violation of the Prevailing Wages on State Projects Act, Public Act 166 of 1965. This letter should not be construed as a determination that the claim is valid.

Name of Complainant:	claimantname
Project Description:	project name
Period Claimed:	period claimed
Occupation:	occupation claimed
Nature of Complaint:	Nature of complaint

Section 5 of Act 166 requires in part that every contractor and subcontractor maintain records and provide them to the department for inspection. Please provide copies of the time records, payroll records including gross earnings & itemization of deductions, written agreements or written policies, fringe benefits paid or fringe benefit policies, canceled checks or other information necessary to resolve the claim.

The Act also requires that every contractor and subcontractor post a copy of the prevailing wage rates in a conspicuous place at the construction site. Please provide written certification of compliance with the posting requirements to include: a copy of the posted rates, posting date, location of posting on construction site & whether or not this location is accessible to all construction mechanics.

Provide these records and certification **within 10 calendar days.** Your response is necessary to evaluate the merits of the claim. You may complete a self-audit and send a check(s) to this office made payable to the construction mechanic(s) along with a list of their complete addresses, birth dates and first four digits of their social security numbers.

Be aware that under Section 6, "The contracting agent, by written notice to the contractor and the sureties of the contractor known to the contracting agent, may terminate the contractor's right to proceed with that part of the contract, for which less than the prevailing rates of wages and fringe benefits have been or will be paid, and may proceed to complete the contract by separate agreement with another contractor or otherwise, and the original contractor and his sureties shall be liable to the contracting agent for any excess costs occasioned thereby".

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Toll Free: 1-855-4MI-WAGE (1-855-464-9243)

If the requested records are not made available in compliance with Section 5, the contractor listed above will be placed on the Complaint Investigation Non-Compliance Summary Report for a period of three years from the date of closing. The Complaint Investigation Non-Compliance Report will be sent with all issued rates and upon any Freedom of Information Act requests.

Please contact me if you require additional information about the complaint or law. All parties involved with this case must notify me of any address or phone number changes and any direct payments made or received.

Sincerely,

Choose an item., Investigator

cc:

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
www.michigan.gov/lara

Mailing Address:
P.O. Box 30476
Lansing, MI 48909-7976
Facsimile: 517.322.6352

Street Address:
7150 Harris Drive
Lansing, MI 48913

CERTIFICATION OF POSTING

AUTHORITY: **Act 166, Public Act of 1965**, As Amended COMPLETION: Mandatory PENALTY: Misdemeanor	The Michigan Department of Licensing and Regulatory Affairs is an equal opportunity employer/program. Auxiliary aids, services, and other reasonable accommodations are available upon request to individuals with disabilities. Call 517.335.0400 to make your needs known to this agency.

Business Name: «Er_Name_1» «Er_Name_2»

Legal Identity: Attention: Address:	«Er_Name_1» «Er_Name_2», «Er_Contact_Name» «Er_Street_1» «Er_City_MI_Zip_1»	**Claimant Name:** Claimants Name **Claim Number:** Claim #

Project: Project Name

Section 5 of the **Prevailing Wages on State Projects Act**, 1965 PA 166, MCL 408.551 et seq., requires every contractor and subcontractor to keep posted on the construction site, in a conspicuous place, a copy of all prevailing wage and fringe benefit rates prescribed in a contract and shall keep an accurate record showing the name and occupation of and the actual wages and benefits paid to each construction mechanic employed by him in connection with said contract. The record shall be available for reasonable inspection by the contracting agent or the commissioner.

Section 7 of the **Prevailing Wages on State Projects Act**, 1965 PA 166, MCL 408-551 et seq., states any person, firm or corporation or combination thereof, including the officers of any contracting agent, violating the provisions of this act is guilty of a misdemeanor.

It is therefore directed that the following records be submitted to this office no later than :

1. **Please attach a copy of the posted prevailing wage rates.**
2. **Date the prevailing wage rates were posted on the construction site:**

   _____

3. **Location of posting on construction site, i.e., job trailer, bulletin board, etc.:**

   _____

   Is this location accessible to all construction mechanics? ☐ **Yes** ☐ **No**

FAILURE TO CERTIFY COMPLIANCE BY PROVIDING THE REQUESTED INFORMATION MAY RESULT IN A DETERMINATION THAT THE POSTING REQUIREMENTS HAVE NOT BEEN MET. SUCH A DETERMINATION WILL RESULT IN THE CONTRACTOR BEING PLACED ON THE COMPLAINT INVESTIGATION NON-COMPLIANCE SUMMARY REPORT FOR A PERIOD OF THREE YEARS FROM THE DATE OF THE FILE CLOSING. THE COMPLAINT INVESTIGATION NON-COMPLIANCE SUMMARY REPORT WILL BE SENT WITH ALL ISSUED RATES AND UPON A FREEDOM OF INFORMATION ACT REQUEST.

_____ (Sub) Contractor Signature (with title)	_____ Date

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

May 29, 2014

Dear:

Re: vs. Claim#
Project(s):

The department is in the process of conducting an investigation concerning your prevailing wage complaint for the above identified project(s). To determine your job duties, you must complete the enclosed questionnaire(s) and return it within ten (10) calendar days.

Failure to respond will result in a decision based on the information provided by the employer.

Sincerely,

Choose an item., Investigator

Enclosure

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CONSTRUCTION MECHANIC
PREVAILING WAGE QUESTIONNAIRE

CONSTRUCTION MECHANIC NAME:

CLAIM #:

PROJECT NAME:

1. What was your specific job title?

2. Please describe in detail the specific job duties you were required to perform and the skills necessary to perform those duties.

_____

_____

_____

3. Did you supervise other employees? Yes ____ No ____
   If so, please identify by name.

_____

_____

What % of time is spent supervising? _____

4. Who was your direct supervisor and his or her job title?

5. What was your hourly rate of pay?

6. Circle any fringe benefits the employer provided:

vacation pay	health & welfare contributions
medical insurance	pension or retirement contributions
life insurance	profit sharing distribution
holiday pay	annuity fund or tax deferred savings plan contributions
a bonus	supplemental employment fund contributions
scholarship contributions	education or training fund contribution

7. Any additional information you may with to add:

_____

_____

_____ _____
Signature Date

INVESTIGATOR DOCUMENTS

STATE OF MICHIGAN
RICK SNYDER
GOVERNOR
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

date

«Er_Contact_Name»
«Er_Name_1» «Er_Name_2»
«Er_Street_1»
«Er_City_MI_Zip_1»

Dear Sir or Madam:

Re: «Clmt_First_Name_MI» «Clmt_Last_Name», #«Claim_Number», vs. «Er_Name_1» «Er_Name_2»

Contracting Agent:

Project:

This claim alleging violation of the Prevailing Wages on State Projects Act, P.A. 166 of 1965, has been assigned to me for investigation. This letter is to advise you that I will be at your address as shown above on at to determine the merits of this complaint.

Please have the following records available for inspection:

- Time records and payroll records for the entire period of the project
- Detailed job description/classification for the construction mechanic(s)
- Written fringe benefit policies
- A record fringe benefits paid or accrued during the fringe benefit year
- Other documents to verify fringe benefits paid on behalf of the construction mechanic(s)

Authority to inspect these records is contained in Section 5 of the Act, "Every contractor and subcontractor . . . shall keep an accurate record showing the name and occupation of and the actual wages and benefits paid to each construction mechanic employed by him in connection with said contract. This record shall be available for reasonable inspection by the contracting agent or the commissioner."

Be aware that under Section 6, "The contracting agent, by written notice to the contractor and the sureties of the contractor known to the contracting agent, may terminate the contractor's right to proceed with that part of the contract, for which less than the prevailing rates of wages and fringe

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WAGE & HOUR DIVISION
P.O. BOX 30476 • LANSING, MICHIGAN 48909-7976
www.michigan.gov/wagehour • (517) 322-1825 • FAX (517) 322-6352166

benefits have been or will be paid, and may proceed to complete the contract by separate agreement with another contractor or otherwise, and the original contractor and his sureties shall be liable to the contracting agent for any excess costs occasioned thereby".

If the requested records are not made available in compliance with Section 5, the contractor listed above will be placed on the Complaint Investigation Non-Compliance Summary Report for a period of three years from the date of closing. The Complaint Investigation Non-Compliance Report will be sent with all issued rates and upon any Freedom of Information Act requests.

If you have any questions, please contact me immediately at (517) xxx-xxxx.

Sincerely,

Kristine Reigler, Investigator

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
www.michigan.gov/lara

Mailing Address:
P.O. Box 30476
Lansing, MI 48909-7976
Facsimile: 517.322.6352

Street Address:
7150 Harris Drive
Lansing, MI 48913

CERTIFICATION OF POSTING

AUTHORITY: **Act 166, Public Act of 1965**, As Amended COMPLETION: Mandatory PENALTY: Misdemeanor	The Michigan Department of Licensing and Regulatory Affairs is an equal opportunity employer/program. Auxiliary aids, services, and other reasonable accommodations are available upon request to individuals with disabilities. Call 517.322.1825 to make your needs known to this agency.

Business Name: «Er_Name_1» «Er_Name_2»

Legal Identity: Attention: Address:	«Er_Name_1» «Er_Name_2», «Er_Contact_Name» «Er_Street_1» «Er_City_MI_Zip_1»	**Claimant Name:** Claimants Name **Claim Number:** Claim #

Project: Project Name

Section 5 of the **Prevailing Wages on State Projects Act**, 1965 PA 166, MCL 408.551 et seq., requires every contractor and subcontractor to keep posted on the construction site, in a conspicuous place, a copy of all prevailing wage and fringe benefit rates prescribed in a contract and shall keep an accurate record showing the name and occupation of and the actual wages and benefits paid to each construction mechanic employed by him in connection with said contract. The record shall be available for reasonable inspection by the contracting agent or the commissioner.

Section 7 of the **Prevailing Wages on State Projects Act**, 1965 PA 166, MCL 408-551 et seq., states any person, firm or corporation or combination thereof, including the officers of any contracting agent, violating the provisions of this act is guilty of a misdemeanor.

It is therefore directed that the following records be submitted to this office no later than :

1. **Please attach a copy of the posted prevailing wage rates.**
2. **Date the prevailing wage rates were posted on the construction site:**

   _____

3. **Location of posting on construction site, i.e., job trailer, bulletin board, etc.:**

   _____

   Is this location accessible to all construction mechanics? ☐ **Yes** ☐ **No**

FAILURE TO CERTIFY COMPLIANCE BY PROVIDING THE REQUESTED INFORMATION MAY RESULT IN A DETERMINATION THAT THE POSTING REQUIREMENTS HAVE NOT BEEN MET. SUCH A DETERMINATION WILL RESULT IN THE CONTRACTOR BEING PLACED ON THE COMPLAINT INVESTIGATION NON-COMPLIANCE SUMMARY REPORT FOR A PERIOD OF THREE YEARS FROM THE DATE OF THE FILE CLOSING. THE COMPLAINT INVESTIGATION NON-COMPLIANCE SUMMARY REPORT WILL BE SENT WITH ALL ISSUED RATES AND UPON ANY FREEDOM OF INFORMATION ACT REQUESTS.

_____ (Sub) Contractor Signature (with title)	_____ Date

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

Date

«Er_Contact_Name»
«Er_Name_1» «Er_Name_2»
«Er_Street_1»
«Er_City_MI_Zip_1»

Dear Sir or Madam:

Re: «Clmt_First_Name_MI» «Clmt_Last_Name» vs. «Er_Name_1» «Er_Name_2», Claim #«Claim_Number»

Per the above referenced claim filed under the Prevailing Wage on State Projects Act, P.A. 166 of 1965, please provide the following records as soon as possible, but no later than 10 calendar days from the date of this letter:

- Time records and payroll records for the entire period of the project
- Detailed job description/classification for the construction mechanic(s)
- Written fringe benefit policies
- A record of fringe benefits paid or accrued during the fringe benefit year
- Other documents to verify fringe benefits paid on behalf of the construction mechanic(s)

This is our second request for records, please be aware that under Section 5, "Every contractor and subcontractor shall keep… an accurate record showing the name and occupation of and the actual wages and benefits paid to each construction mechanic employed by him in connection with said contract. This record shall be available for reasonable inspection by the contracting agent or the commissioner."

If you have any questions, please contact me at (517) xxx-xxxx.

Sincerely,

Kristine Reigler, Investigator

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WAGE AND HOUR PROGRAM
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Toll Free: 1-855-4MI-WAGE (1-855-464-9243)

CLAIM NUMBER: «Claim_Number»
NAME: Kristine Reigler
DATE: date

PREVAILING WAGE ACT 166 CLOSING SUMMARY

CLAIMANT: «Clmt_First_Name_MI» «Clmt_Last_Name»	CONTRACTOR: «Er_Name_1» «Er_Name_2»
CLAIMANT'S ADDRESS: «Clmt_Street» «Clmt_City_MI_Zip»	CONTRACTOR'S ADDRESS: «Er_Street_1» «Er_City_MI_Zip_1»

CONTRACTING AGENT:	PROJECT MANAGER:
CONTRACTING AGENT'S ADDRESS:	PROJECT MANAGER'S ADDRESS:

PRIME CONTRACTOR:	cc:
PRIME CONTRACTOR'S ADDRESS:	

PROJECT:	PERIOD CLAIMED: «Period_Claimed» TOTAL PERIOD REVIEWED: SAMPLE AUDIT PERIOD:
Jurisdiction Established? ☐ Yes ☐ No Contractor Notification Date:	

DIRECT PAYMENT TO CLAIMANT-PICK UP ON WIN		
AMOUNT PAID: GROSS N/A NET N/A	DATE PAID: N/A	CHECK NO.: N/A

TOTAL AMOUNT PAID TO DATE: N/A

RECOMMENDATION:
RECOMMENDED LETTER:

SUMMARY:

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

Date

Michigan Department of

Dear Sir or Madam:

Re: «Clmt_First_Name_MI» «Clmt_Last_Name», #«Claim_Number», vs. «Er_Name_1» «Er_Name_2»

The Department of Licensing and Regulatory Affairs has received a complaint alleging nonpayment of prevailing wages on the following project:

Project:

Contractor/Subcontractor: «Er_Name_1» «Er_Name_2»

Period: «Period_Claimed»

The department must determine if the above referenced project is subject to the provisions of the Prevailing Wage on State Projects Act, P.A. 166 of 1965. In order to make this determination, the following information is needed:

1. Documentation of the source of funding, i.e., direct state funding, state sponsorship, state qualified bond, or other funding sources
2. Copy of the advertisement and/or invitation to bid
3. Contract specifications that identify the project(s) and the requirement for payment of prevailing wage rates
4. List all contractors who were awarded the project(s) to include the award date and when construction began for each contractor
5. Copy of the prevailing wage rate schedule as contained in contract specification including any addendums
6. If applicable, the name and address of the prime contractor and/or project manager

Please provide the above information **within 10 calendar days** of the date of this letter. Failure to provide these records may result in an on-site visit to obtain them.

Sincerely,

, Investigator
(517) XXX-XXXX

cc: «Clmt_First_Name_MI» «Clmt_Last_Name»
«Clmt_Street»
«Clmt_City_MI_Zip»

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STATE OF MICHIGAN
RICK SNYDER
GOVERNOR
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

Date

Michigan Department of

Dear Sir or Madam:

Re: «Clmt_First_Name_MI» «Clmt_Last_Name», #«Claim_Number», vs. «Er_Name_1» «Er_Name_2»

This is a follow up to our telephone conversation of and my correspondence to you dated regarding a complaint alleging nonpayment of prevailing wages on the following project:

Project:

Contractor/Subcontractor: «Er_Name_1» «Er_Name_2»

Period: «Period_Claimed»

The department must determine if the above referenced project is subject to the provisions of the Prevailing Wage on State Projects Act, P.A. 166 of 1965. In order to make this determination, the following information is needed:

1. Documentation of the source of funding, i.e., direct state funding, state sponsorship, state qualified bond, or other funding sources
2. Copy of the advertisement and/or invitation to bid
3. Contract specifications that identify the project(s) and the requirement for payment of prevailing wage rates
4. List all contractors who were awarded the project(s) to include the award date and when construction began for each contractor
5. Copy of the prevailing wage rate schedule as contained in contract specification including any addendums
6. If applicable, the name and address of the prime contractor and/or project manager

Please provide the above information **within 10 days** of the date of this letter. Failure to provide the aforementioned records will result in an onsite visit to obtain them.

Sincerely,

Kristine Reigler, Investigator
(517) XXX-XXXX

cc: «Clmt_First_Name_MI» «Clmt_Last_Name»
«Clmt_Street»
«Clmt_City_MI_Zip»

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PREVAILING WAGE
Jurisdiction Notification and Checklist

Investigator: Kristine Reigler
Claim Number:
Complainant (Individual or Third Party)**:**
Third Party or Representative (filing on behalf of):
Contractor:

ISSUE	Yes/No	Mgr. Review
Funding letter sent to the Contracting Agent Date Sent: Dates of additional contacts:	Yes ☐ No ☐	
Name of the file that has the advertisement, funding and contract information:		
Copy of invitation to bid/copy of advertisement	Yes ☐ No ☐	
Source of funding documentation (name source):	Yes ☐ No ☐	
Contract specifications that include the project description	Yes ☐ No ☐	
Contract specifications include the requirement and/or other evidence to pay the PW rate	Yes ☐ No ☐	
Contract specifications that include the prevailing rates Date the rates were issued:	Yes ☐ No ☐	
List all contractors to include the award date and/or when construction began:		
Questionnaire sent to claimant: Date sent:	Yes ☐ No ☐	
Comments:		

CONTRACTING AGENT NAME & ADDRESS:	PROJECT MANAGER NAME & ADDRESS:
PRIME CONTRACTOR NAME & ADDRESS:	THIRD PARTY OR REPRESENTATIVE (filing on behalf of) NAME & ADDRESS:

INVESTIGATOR

Project Description:		Period Claimed: «Period_Claimed»
Occupation:	Nature of Complaint/Allegation:	
Recommendation:		Date:

MANAGER

Send Notification of Complaint Letter:	Yes ☐	No ☐	Send PW Questionnaire Form to Complainant:
Carbon Copy: Complainant:	Yes ☐	No ☐	
Third Party or Rep. (filing on behalf of):	Yes ☐	No ☐	
Contracting Agent:	Yes ☐	No ☐	Yes ☐ No ☐
Project Manager:	Yes ☐	No ☐	
Prime Contractor:	Yes ☐	No ☐	
Refer Case to:			Mgr. Initials:

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

Date

Complainant/Construction Mechanic Name
Address Line 1
Address Line 2
City, State & Zip Code

Dear Complainant/Construction Mechanic Name:

Re: Complainant Name vs. Employer Name, Claim #
Project(s): Project Description

The department is in the process of conducting an investigation concerning your prevailing wage complaint for the above identified project(s). To determine your job duties, you must complete the enclosed questionnaire(s) and return it within ten (10) calendar days.

Failure to respond will result in a decision based on the information provided by the employer.

Sincerely,

Kristine Reigler, Investigator
(517) XXX-XXXX

Enclosure

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Toll Free: 1-855-4MI-WAGE (1-855-464-9243)

CONSTRUCTION MECHANIC
PREVAILING WAGE QUESTIONNAIRE

CONSTRUCTION MECHANIC NAME: Construction Mechanic Name CLAIM #: Claim #

PROJECT NAME: Project Description

1. What was your specific job title?

2. Please describe in detail the specific job duties you were required to perform and the skills necessary to perform those duties.

_____

_____

_____

3. Did you supervise other employees? Yes ____ No ____
   If so, please identify by name.

_____

_____

What % of time is spent supervising? _____

4. Who was your direct supervisor and his or her job title?

5. What was your hourly rate of pay?

6. Circle any fringe benefits the employer provided:

vacation pay	health & welfare contributions
medical insurance	pension or retirement contributions
life insurance	profit sharing distribution
holiday pay	annuity fund or tax deferred savings plan contributions
a bonus	supplemental employment fund contributions
scholarship contributions	education or training fund contribution

7. Any additional information you may with to add:

_____

_____

_____ _____
Signature Date

CONTRACTING AGENT REQUESTS FOR PREVAILING WAGE RATES

Request Date:

Requestor Name:

Contracting Agent:

Requestor Address/E-mail Address:

Requestor Phone Number:

PROJECT DESCRIPTION:

Project Site:

Brief Project Description:

RATE SCHEDULES:

County:

Commercial:

Road Builders:

Information taken by: Kristine Reigler

STATE OF MICHIGAN
RICK SNYDER
GOVERNOR
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR
MIKE ZIMMER
ACTING DIRECTOR

Date

«Er_Contact_Name»
«Er_Name_1» «Er_Name_2»
«Er_Street_1»
«Er_City_MI_Zip_1»

Dear Sir or Madam:

Re: «Clmt_First_Name_MI» «Clmt_Last_Name» vs. «Er_Name_1» «Er_Name_2», Claim #«Claim_Number»

In the course of investigating the above referenced claim filed under the Prevailing Wages on State Projects Act, P.A. 166 of 1965. «Er_Name_1» «Er_Name_2» has failed to provide records as requested on Notification letter date and 2nd records request date.

This letter is notification that «Er_Name_1» «Er_Name_2» is in violation of Section 5 of the Act. To avoid further action on this violation please provide the following records as soon as possible, but no later than 10 calendar days from the date of this letter:

- Time records and payroll records for the entire period of the project
- Detailed job description/classification for the construction mechanic(s)
- Written fringe benefit policies
- A record fringe benefits paid or accrued during the fringe benefit year
- Other documents to verify fringe benefits paid on behalf of the construction mechanic(s)

Be aware that under Section 6, “The contracting agent, by written notice to the contractor and the sureties of the contractor known to the contracting agent, may terminate the contractor’s right to proceed with that part of the contract, for which less than the prevailing rates of wages and fringe benefits have been or will be paid, and may proceed to complete the contract by separate agreement with another contractor or otherwise, and the original contractor and his sureties shall be liable to the contracting agent for any excess costs occasioned thereby”.

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Toll Free: 1-855-4MI-WAGE (1-855-464-9243)

If the requested records are not made available in compliance with Section 5, the contractor listed above will be placed on the Complaint Investigation Non-Compliance Summary Report for a period of three years from the date of closing. The Complaint Investigation Non-Compliance Report will be sent with all issued rates and upon any Freedom of Information Act requests.

If you have any questions, please contact me at (517) 636-6261.

Sincerely,

Kristine Reigler, Investigator

cc:	«Clmt_First_Name_MI» «Clmt_Last_Name»	Contracting Agent (CA)	Project Manager	Prime Contractor
	«Clmt_Street»	CA Street	PM street	PC Street
	«Clmt_City_MI_Zip»	CA City St & Zip	PM City St & Zip	PC City St & Zip

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

May 29, 2014

Re: **REQUEST FOR CONTRACTOR SELF-AUDIT**
vs., Claim #
Project:
Act: Prevailing Wages on State Projects, P.A.166 of 1965

This letter is to advise you of the findings in the above referenced case. A review of the records and the one pay period sample audit indicates is in violation of the requirements of the Prevailing Wages on State Projects Act, P.A.166 of 1965.

Enclosed is a copy of the sample audit. **This is only a sample of the violation and does not include the total amount due for the entire period worked on the project.** Please complete a self-audit for the entire period work was performed on the project and for all construction mechanics performing duties similar to those done by the construction mechanic in the sample audit**.** The self-audit must be certified by either a certified public accountant of the employer's choosing, or certified by the personal signature of the employer, attesting to the authenticity and completeness of the self-audit with the following language prior to the signature: "I hereby certify that this self-audit is complete and correct as to its finding." For your assistance, a Prevailing Wage Self-Audit Worksheet is enclosed.

Please submit the completed self-audit and payment(s) **for the full amount due,** payable to each individual construction mechanic, along with a list of their complete addresses, birth dates and first four digits of their social security numbers, to this office within 10 calendar days of the date of this letter.

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Toll Free: 1-855-4MI-WAGE (1-855-464-9243)

Failure to submit payment or complete a self-audit will result in being placed on the Complaint Investigation Non-Compliance Summary Report for a period of three (3) years from the date of the file being closed. The Complaint Investigation Non-Compliance Summary Report will be sent with all issued rates and upon any Freedom of Information Act requests.

If you have any questions, you may contact me at (XXX)XXX-XXXX.

Sincerely,

Matt Schmidt, Investigator

Enclosures

cc:

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

December 8, 2014

Re: **REQUEST FOR CONTRACTOR SELF-AUDIT**
vs. Claim #
Project:
Act: Prevailing Wages on State Projects, P.A.166 of 1965

This letter is to advise you of the findings in the above referenced case. A review of the records and the one pay period sample audit indicates is in violation of the requirements of the Prevailing Wages on State Projects Act, P.A.166 of 1965.

Enclosed is a copy of the sample audit. **This is only a sample of the violation and does not include the total amount due for the entire period worked on the project.** Please complete a self-audit for the **entire** period **worked** on the project. The self-audit must be certified by either a certified public accountant of the employer's choosing, or certified by the personal signature of the employer, attesting to the authenticity and completeness of the self-audit with the following language prior to the signature: "I hereby certify that this self-audit is complete and correct as to its finding." For your assistance, a Prevailing Wage Self-Audit Worksheet is enclosed.

Please submit the completed self-audit and payment **for the full amount due,** payable to claimant name to this office within 10 calendar days of the date of this letter.

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Failure to submit payment or complete a self-audit will result in being placed on the Complaint Investigation Non-Compliance Summary Report for a period of three (3) years from the date of the file being closed. The Complaint Investigation Non-Compliance Summary Report will be sent with all issued rates and upon any Freedom of Information Act requests.

If you have any questions, you may contact me at (XXX) XXX-XXXX.

Sincerely,

, Investigator

Enclosures

cc: