

CONTRACTOR'S EMPLOYEE CONSENT FOR WAGE DEDUCTIONS

City of Cleveland Office of Equal Opportunity Prevailing Wage Compliance 601 Lakeside Avenue, Room 335 Cleveland, Ohio 44114

Phone: 216.664.4151 • Fax: 216.664.3870 • Email: <u>PWcoordinator@clevelandohio.gov</u> • Hours: 8 am to 6 pm Weekdays

PROJECT INFORMATION							
PROJECT NAME:							
CONTRACTOR INFORMATION							
CONTRACTOR:			PHONE:	PHONE:			
PAYROLL CONTACT:			FMAIL ·	EMAIL:			
			EW/ IIE.				
AREA TO BE COMPLETED BY EMPLOYEE							
EMPLOYEE NAME: TITLE			TITLE / CLASSIFIC	/ CLASSIFICATION:			
		l.					
I authorize the following deductions(s) as lis	ted below to be with	held from m	ny paycheck:				
	Freque						
Purpose of Deduction	Amount	(Enter one-time, weekly, bi-				ding on (Date)	
(Description)			weekly, monthly, other)	(Dat	<i>e)</i> ((Dale)	
	\$		<i></i>				
	\$						
	Ψ						
	\$						
	\$						
EMPLOYEE ACKNOWLEDGEMENT & AUTHORIZATION							
Print Employee Name Signature				Date			
CONTRACTOR OFFICIAL ACKNOWLEDGEMENT & AUTHORIZATION							
Print Company Official Titl	e		Signatu	Signature			

DIRECTIONS FOR COMPLETED FORM:

1. Please email completed form to general contractor. Keep a copy in the project file.