

**CLASSIFICATION & WAGE RATE REQUEST  
EMPLOYEE INFORMATION**

North Dakota Department of Transportation, Civil Rights Division

SFN 50043 (Rev. 08-2006)

Contractor	Job Classification
Project Number	Proposed Hourly Rate \$
Location	Fringe Benefits \$

I agree with the hourly rate and fringe benefits for \_\_\_\_\_ as proposed above. Job Classification

I disagree with the hourly rate and fringe benefits for \_\_\_\_\_ as proposed above. Job Classification

I propose the rate of \$ \_\_\_\_\_ and fringe benefits in the amount of \$ \_\_\_\_\_. My reasons are as follows:

Name (Please Pprint)	Date
Signature	

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**TO BE FILLED OUT BY CONTRACTOR:**

Employees are unknown at this time.

Individual has left employment and cannot be reached.