

Worker Classification Determination Request

Use this form to request guidance on proper worker classification when the appropriate classification is unclear.

Project Name:	
Contractor:	
Request Date:	
Requested By:	

Work Description

Describe in detail the work duties to be performed:

Tools and equipment used:

Percentage of time on each task (if multiple duties):

Proposed Classifications

Classification Considered	Wage Determination Source	Hourly Rate
	<input type="checkbox"/> Federal <input type="checkbox"/> Oregon	\$
	<input type="checkbox"/> Federal <input type="checkbox"/> Oregon	\$
	<input type="checkbox"/> Federal <input type="checkbox"/> Oregon	\$



Supporting Information

- Job description attached
- Wage determination pages attached
- Similar determinations from other projects attached

Agency Response

Classification Determination:

Wage Rate to Apply: \$ _____ per hour (Base) + \$ _____ (Fringe)

Effective Date: _____

Determination Made By: _____ Date: _____

Title: _____ Date: _____

