BILL RICHARDSON GOVERNOR



KEN ORTIZ SECRETARY

NEIL MEONI DEPTUY SECRETARY

STATE OF NEW MEXICO DEPARTMENT OF WORKFORCE SOLUTIONS

Public Works Bureau 625 Silver Ave SW, Suite 410 Albuquerque, NM 87102 (505) 841-4400 / FAX (505) 841-4423 TERESA C. GOMEZ DEPUTY SECRETARY

Dear Owner/Contracting Agency:

The enclosed wage decision packet must be used in the contract resulting from the bid opening on this project and, excluding the Notification of Award, and Subcontractor List, MUST BE FORWARDED to the prospective general contractor that has been awarded the bid. The general contractor must post the complete wage decision at the job site in an easily accessible place. Failure to do so may result in fines. Furthermore, each subcontractor must receive a copy of the wage decision and use these rates to pay all employees.

LABOR ENFORCEMENT FUND - STRICTLY ENFORCED

NOTE: Any general contractors must be registered with the Labor Enforcement Fund prior to the bidding process or the bid shall be deemed invalid. All subcontractors or tier subcontractors bidding more than \$60,000 on a Public Works contract MUST be registered with the Labor & Industrial Division. Visit our website at www.dws.state.nm.us, click "Public Works" for a Labor Enforcement Fund Form and other forms. REMINDER TO THOSE PREPARING BID DOCUMENTS: IF BIDS ARE NOT OPENED BY 12/31/10; NEW WAGE RATES <a href="mailto:mailt

Weekly certified payrolls are required on all public works projects. All certified payrolls must be submitted to the general contractor and the owner/contracting agency. The general contractor must have copies of certified payrolls available to this office within ten days of a written request. Please do NOT submit any certified payrolls to our office unless our office requests them.

NM Apprenticeship and Training Fund payments are paid by each general

contractor/subcontractor/tier(s) to either an approved apprenticeship program or to our office (NMDWS, Public Works Bureau, PO Box 27428, Albuquerque, NM 87125-7428). Payments are due for all hours in each trade a company has on the job site that has an apprenticeship contribution rate on the state wage decision. These payments are for the hours worked by both journeyman and apprentices, regardless of whether the company has apprentices or not. If the project has both Federal and State funding, the payments are still required. Only when the project has all Federal funds, is the project exempt. On Type "A" projects, where there are no contribution rates, apprenticeship payments do not apply. On projects with two types of construction, the contribution applies for the work under the type construction with contribution rates. Failure to pay Apprenticeship contributions is a violation of the Apprentice and Training Act and may result in penalties. If you have any Apprenticeship questions, please feel free to call (505) 841-4403.

NEW MEXICO DEPARTMENT OF WORKFORCE SOLUTIONS - PUBLIC WORKS BUREAU QUESTIONS?? Call OR E-mail:

Patricia Barela @ (505) 841-4411 OR patricia.barela@state.nm.us or Lori Griego @ (505) 841-4408 OR lori.griego2@state.nm.us or

Michael Fanestiel @ (505) 841-4417 OR michael.fanestiel@state.nm.us

fax (505) 841-4423

Contracting Agency/Owner	County	Decision Date	Decision No.
New Mexico Highlands University	San Miguel	03/31/10	SM-10-0476 A
		Expires for Bids	
Type of Construction: A		12/31/10	

Description of Work: Diamond/Douglas Parking Lot Improvements

Excavate the existing site to install a concrete parking lot, railings, and retaining walls.

REMINDER to those preparing BID documents: If bids are not opened by the above "Expires for Bids" date, a **NEW** wage decision may be required. If bids are NOT submitted before new wage rates go into effect, a NEW wage decision WILL be required. Call the Public Works Bureau at (505) 841-4417 to check status of new wage rates.

NOTICES

<u>ALL</u> contractors **MUST** have an active registration with the Labor Enforcement Fund before bidding on any public works project. Bids from contractors who are not registered will be considered **INVALID**.

The General/Prime Contractor selected for this project **MUST** submit a completed Statement of Intent to Pay Prevailing Wages to the Contracting Agency (or it's agent) before any work is started.

Sub-contractors & 2nd/3rd Tier Contractors **MUST** also submit Statements through their General/Prime before they start work. The General/Prime is responsible for informing the Contracting Agency or it's agent whenever there is a change to the subcontractors on the project.

The Contracting Agency or it's agent **MUST** fill out and submit the Notification of Award and Subcontractor list to the Public Works Bureau and forward the remainder of this wage decision package to the General/Prime Contractor that is awarded the project contract. That contractor is also responsible for making certain that all subcontractors have copies of the wage decision and other needed forms.

The General/Prime Contractor **MUST** post the wage rate table at the job site outside the Superintendent's trailer/office in an easily accessible place.

Workers MUST be classified & paid according to the work they perform, regardless of qualifications.

These wage rates are good for the life of a project.

New Mexico Department of Workforce Solutions Public Works Bureau

625 Silver Ave SW, Suite 410, Albuquerque, NM 87102

Michael Fanestiel (505) 841-4417 OR michael.fanestiel@state.nm.us Patricia Barela (505) 841-4409 OR patricia.barela@state.nm.us Lori Griego (505) 841-4408 OR lori.griego2@state.nm.us

fax (505) 841-4423

Wage Decision # **SM-10-0476 A** NOTIFICATION OF AWARD (NOA)

Description and Location of Work: Diamond/Douglas Parking Lot Improvements

Excavate the existing site to install a concrete parking lot, railings, and retaining walls.

City of Las Vegas

8/10/07

San Miguel County

805 University Avenue

TERMINDER for Agency Conducting BID Process: If bids are NOT submitted before new wage rates go into effect, a NEW wage decision WILL be required.

When the Contract is awarded for this project the Wage Rate Poster and the Wage Rate Packet, excluding this NOA and Subcontractor List, must be delivered to the GENERAL/PRIME CONTRACTOR. The Contracting Agency or its agent must complete this form (including the next page listing all of the subcontractors including 2nd tier subcontractors) and fax or mail it to the address above. If the project is canceled, this form must be completed by the agency conducting the bid process. Failure to submit the NOA in a timely manner is a violation of paragraph 11.1.2.10.B (3) of the Public Works Minimum Wage Act Policy Manual.

General/Prime Contractor Company N	Name:		Licen	se#:
Address:	City:		State:	Zip:
Telephone:		Fax:	Y	
Project Contact's name:			E-Mail:	
Approximate Date Work to Start:				
Estimated Completion Date:				
Estimated Cost of Project:				
Bid Opening Date:				
Note: The General/Prime Contractor MU Agency or its agent before beginning work their Statement of Intent to Pay Prevailing project is completed (but before final) General/Prime Contractor) an Affidavit of	k on the project. Each Wages through the (payments), subconti	h Subcontractor (a General/Prime Co	nd all tiers of subcontractor ntractor before they start v	rs) MUST also mail/fax work. After work on the
Signature for Contracting Age	ency (or agent)			
Printed Name Date				

SUBCONTRACTOR LIST

<u>Do NOT</u> list suppliers or professional services (such as surveyors) <u>INCLUDE</u> individual subcontractor dollar amount for project

Please include 2nd & 3rd Tier subcontractors. Make extra copies of form if necessary.

Wage Dec. # SM-10-0476 A

General Contractor	•	 			
Company Name:					
Address:		City:	Sta	ite:Zip:	
E-Mail Address:		License No.:			
E-Mail Address:Phone No.:	Fax No.:		Sub	_ 2 nd TIER	3 rd TIER
				(To Whom)	(To Whom)
Work to be performed:	,	Amount (\$):			
Company Name:					
Company Name:Address:		City	Sto	nte: 7in:	
E Mail Address:		City	Sta	Z.p	
E-Mail Address: Phone No.:	Fax No :	License No	Sub	2 nd TIEP	3rd TIED
I Holle 140			_ 540	_ 2 TIER	(To Whom)
Work to be performed:		Amount (\$):	·	(10 Wholl)	(10 ************************************
Company Name:					
Company Name:Address:		City	C+~	ote: 7in:	
E Moil Address:		Lineman No.	Sta	iteZip	
E-Mail Address:Phone No.:	T- N-	License No.:	C1-	ane TIED	ard wreep
Phone No.:	Fax No.:		_ Sub	_ 2" HEK	3" HER
Work to be performed:		Amount (\$):		(To Whom)	(To Whom)
Company Name:					
Address:		City:	Sta	ate: Zip:	
E-Mail Address:		License No.:			
E-Mail Address:Phone No.:	Fax No.:		Sub	2 nd TIER	3 rd TIER
				(To Whom)	(To Whom)
Work to be performed:		Amount (\$):			
Company Name:					
Address:		City:	Sto	ate: Zin:	
F-Mail Address:		License No ·		<u></u>	
E-Mail Address: Phone No.:	Fay No ·	Liconse No	Sub	2 nd TIFR	3 rd TIFR
I HORE IVO.	1 ax 110		_ 540	2 1123X (To Whom)	(To Whom)
Work to be performed:		Amount (\$):		(10 ((10)11)	(10 11 10 10)
- F					•
Company Name:					
Address:		City:	Sta	ate: Zip:	
E-Mail Address:		License No.:			
Phone No.:	Fax No.:		Sub	2 ^{ne} TIER	3 rd TIER
				(To Whom)	(To Whom)
Work to be performed:		Amount (\$):			
		***************************************	77.7.		

Diamond/Douglas Parking Lot Improvements: Wage Decision # SM-10-0476 A

Excavate the existing site to install a concrete parking lot, railings, and retaining walls.

TYPE "A" - STREET, HIGHWAY, UTILITY & LIGHT ENGINEERING

Effective January 1, 2010

Trade Classification	Base Rate	Fringe Rate
Bricklayer/Blocklayer/Stonemason	17.74	0.26
Carpenter/Lather	15.99	0.44
Cement Mason	15.52	0.26
Ironworker	21.77	6.03
Painter (Brush/Roller/Spray)	17.56	0.44
Electricians (outside)	#5	
Groundman	26.79	11.03
Equipment Operator	29.61	11.03
Lineman/Wireman or Tech	30.20	11.03
Cable Splicer	31.38	11.03
Plumber/Pipefitter	28.30	4.07
Laborers		
Group I	13.73	0.35
Group II	14.03	0.35
Group III	14.43	0.35
Operators		Operation .
Group I	15.74	0.26
Group II	15.94	0.26
Group III	16.52	0.26
Group IV	16.54	0.26
Group V	16.53	0.26
Group VI	16.69	0.26
Group VII	16.74	0.26
Group VIII	16.89	0.26
Group IX	17.39	0.26
Group X	18.19	0.26
Truck Drivers		
Group I	13.32	0.26
Group II	13.52	0.26
Group III	13.72	0.26
Group IV	13.92	0.26

NOTE: SUBSISTENCE AND INCENTIVE PAY DO NOT APPLY TO TYPE "A" CONSTRUCTION.

PAYROLL STATEMENT OF COMPLIANCE

	vvage Decision No	
1,	· · · · · · · · · · · · · · · · · · ·	do hereby state:
(Name of Signatory Party) (1) that I pay or supervise the payment of the per	(Title)	
(1) that I pay of supervise the payment of the per	sons employed by.	(Contractor or Subcontractor)
on the		(55111,2515, 57, 52555111,25157,
(Name of Project	(i)	
that during the payroll period commencing on		, 20and ending the
day of, 20, a	l persons employed on said proje	ct have been paid the full weekly
wages earned, that no deductions have been		
	from the ful	I weekly wages earned by any
(Contractor or Subcontractor)	. Anyone found in violation of the	NM Dublic Works Minimum
person, other than deductions permitted by law Wage Act [13-4-11 to 13-4-17 NMSA 1978] co	/. Anyone lound in violation of the	harmant
(2) That any payrolls otherwise under this contract	t required to be submitted for the	above period are correct and
complete; that the wage rates for laborer or m		
(3) That any apprentice(s) employed in the above		
registered with the State Apprenticeship agen-	y recognized by the Bureau of Ap	prenticeship & Trng., US Dept.
of Labor, or properly enrolled in a bona fide tra	ining program approved for applic	cation on public works construction
projects by the appropriate state (SAC) and/or	federal agency(ies) (BAT) if and a	as required by law & applicable
federal regulation.		
(4) FRINGE BENEFITS: (Please Spell Out Any)	All Acronyms)	
(a) ARE PAID TO APPROVED PLAN, FUN	D, OR PROGRAM in addition to the	ne basic hourly wage rates
paid to each laborer or mechanic listed i	the above-referenced payroll, pa	yments of fringe benefits as
listed in the contract have been or will be	made to appropriate program for	the benefit of such employees.
If paid to an approved plan, fund, or program, pla	ase fill out name of program w/fri	nge breakdown per hour below:
Name of Program Used for Fringe Benefits:		
Pension = Health/Welfare =	Holiday/Vac. = Life Ir	ıs. = Training* =
(If additional space is needed for more programs/fringe		
FRINGE BENEFITS:		
1. Pension	ERINGE BREAK	(DOWN SAMPLE:
2. Health/Welfare		A Amounts
3. Holiday/Vacation		636,96%hir.
4. Life Insurance	Vacation	
5. Training (not Apprenticeship) *		
(b) Paid to Union Program - If paid to a U	nion and fringe benefits differ from	n employee to employee and/
or job contract, please provide fringe b		
, , ,	• •	• •
(c) ARE PAID IN CASH, each laborer or m		
indicated on the payroll, an amount not the amount of the required fringe bene	• •	le basic nouny wage rate plus
Section 13-1D-1 to Section 13-1D-8, NMSA 1978		n make contributions to
approved apprentice & training programs in New I		
works apprentice and training fund administered by		
of the New Mexico State Department of Labor. C		
amount as apprentice and training contributions re		
Labor & Industrial Division Director.		•
APPRENTICESHIP CONTRIBUTIONS: (Please	heck applicable blank)	
Check paid to: NM Public Works Apprenticesh Check paid to:	p & Training Fund - Public Works	Bureau, Labor & Industrial Div.
	Apprenticeship & Training Progra	m (Program No.)
Print Name of Certifying Official: Signature of Ce	titying Official: Title &	Phone No.: Date:

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

STATEMENT OF INTENT TO PAY PREVAILING WAGES

To Be Filled Before Construction Starts

Please type or print in ink. Incomplete forms will be returned without approval.

Mail or fax to: Public Works Bureau, 625 Silver Ave SW, Ste 410, Albuquerque, NM 87102

Call: (505) 841-4409 - Fax: (505) 841-4423 (Fax transmission preferred)

Company Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
			2. 工具语序的
Estimated Start Date:	State Wage D	ec. #:	
Project Title:	Project Physical Ad	dress:	
Total Contract Amt:	Estimated Completi		
PRINT NAME:	SIGNATURE:		
SUBCONTRACTOR: S	ubcontract amount:	Start Date of V	Vork
Company Name:		on This Proje	ct:
Address:			
City:	State:	Zip:	
Phone:	Fax:		
PRINT NAME:	SIGNATURE:	<u></u>	
2ND. TIER SUB	2 nd Tier Contract amount	Start Date of	
Company Name:		on This Proje	ct::
Address:			
City:	State:	Zip:	
Phone:	Fax:		
PRINT NAME:	SIGNATURE:		
l hereby certify that the above infor	mation is correct and that all workers I emp	ploy on this public works project	were paid no less
than the Prevailing Wage Rate(s) a	as determined by the Department of Workfo	orce Solutions, Public Works Bu	reau for this projec
	cision No. I understand that contractors with prevailing wages, and/or overtime, etc.), a		
l ' ' ' '	ne to workers. (Ref. LID Public Works Mini	· · · · · · · · · · · · · · · · · · ·	
& Public Minimum Wage Act (13-4-		······································	,
			•
	LID Ap	proval of This Form	Date
NOTE: After 7/04/00 ALL (1		OO BELOT L	
NOTE: After 7/01/09, ALL tiers o Workforce Solutions, Public	f contractors with contracts over \$60,0 Works Bureau The registration	00, MUST be registered with form is available on ou	
	olic Works and Additional Forms. Fill in		

(See IMPORTANT information on back!)

Contractors.

INSTRUCTIONS FOR FILLING OUT STATEMENT OF INTENT

FOR GENERAL CONTRACTOR:

- 1. Fill in general contractor information and provide signature.
- 2. State Wage Dec. No. as listed in bid documents. (example: BE-07-0123 B)
- 3. Project Title Listed in bid documents. Whatever the project is.
- 4. Project Physical Address Exact location of project (job site).
- 5. Estimated Start & Completion Dates of project
- 6. General Contractor's Contract Amount Project cost.

FOR SUBCONTRACTOR:

- 1. Fill in general contractor information, but general contractor signature is not needed
- Fill in subcontractor section as indicated and provide signature. Send to GC.
 Sub-contract amount list subcontract amount.
 PLEASE NOTE: A SEPARATE SIGNED FORM IS
 NEEDED FOR EACH CONTRACTOR.

FOR 2ND. TIER SUB:

- 1. Fill in general contractor information, but general contractor signature is not needed.
- 2. Fill in subcontractor section; subcontractor signature not needed. Send to GC.
- 3. Fill in 2nd. Tier sub section and provide signature.
- 4. 2nd Tier contract amount list amount.

For 3rd TIER & HIGHER: Attach a copy of this completed form & list the 3rd tier contractor info under the 2nd tier contractor with a note.

Effective July 1, 2009 - ALL contractors bidding on public works contracts for \$60,000 or more MUST be registered with the Labor & Industrial Division prior to bidding the project. The registration form may be found on the DWS web page at www.dws.state.nm.us under Public Works and Forms. Print the Labor Enforcement Fund Form and mail it along with a check for \$200 to the address at the top of the form. A list of registered contractors may be reviewed on the same page as the registration form. Registration is good for one year, and after registration, contractors may bid as many contracts as they wish. Upon expiration of the registration, contractors may complete projects, but in order to bid new ones after the expiration, they must register again. NOTE: All Statements of Intent to Pay Prevailing Wages must go to the GC to submit to the Department of Workforce Solutions for approval. DWS will return approved Affidavits to the GC who should forward to the subs.

NOTE: If form is faxed, we do not need the originals, unless the fax is not legible.

AFFIDAVIT OF WAGES PAID

To Be Filled $\underline{\it After}$ Construction Is Complete

Please type or print in ink. Incomplete forms will be returned without approval.

Mail or fax to: Public Works Bureau, 625 Silver Ave SW, Ste 410, Albuquerque, NM 87102

Call (505) 841-4409 Fax: (505) 841-4423 (Fax transmission is preferred)

GENERAL CONTRACTOR INF	ORMATION	
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Estimated Completion Date:	State Wage I	Dec. #:
Project Title:	Project Physical A	ddress:
PRINT NAME:	SIGNATURE:	
Subcontractor:		Date you completed work on
Company Name:		This project
Address:		DATE:
City:	State:	Zip:
Phone:	Fax:	
PRINT NAME:	SIGNATURE:	
2ND. TIER SUB: (Who is paying)	ou? Fill in name above)	Date you completed work on
Company Name:		This project
Address:		DATE:
City:	State:	Zip:
Phone:	Fax:	4-1-1-1
PRINT NAME:	SIGNATURE:	
than the Prevailing Wage Rate(s) as deter as identified by the State Wage Decision N	mined by the Department of Workforce S to. I understand that contractors who vicing wages, and/or overtime, etc.), are surkers. (Ref. LID Public Works Minimum	on this public works project were paid no less Solutions, Public Works Bureau for this project plate Prevailing Wage Laws (i.e., incorrect job abject to debarment procedures and shall be Wage Act Policy Manual (11.1.2 NMAC)
Workforce Solutions, Public Works www.dws.state.nm.us under Public Wo the post office box listed at the top of t Contractors.	actors with contracts over \$60,000, Marker Bureau. The registration form rks and Additional Forms. Fill in the	al of this Form Date MUST be registered with the Department of n is available on our web page at Labor Enforcement Fund form and mail to e form is on to check the list of Registered

(See IMPORTANT information on back!)

Revised 1/25/10

INSTRUCTIONS FOR FILLING OUT AFFIDAVIT OF WAGES PAID

FOR GENERAL CONTRACTOR:

- 1. Fill in general contractor information and provide signature.
- 2. State Wage Dec. No. as listed in bid documents. (example: BE-07-0123 B)
- 3. Project Title Listed in bid documents. Whatever the project is.
- 4. Project Physical Address Exact location of project (job site).
- 5. Estimated Completion Date of Project

FOR SUBCONTRACTOR:

- 1. Fill in general contractor information, but general contractor signature is not needed.
- 2. Fill in subcontractor section as indicated and provide signature. Send to GC. PLEASE NOTE: A SEPARATE SIGNED FORM IS NEEDED FOR EACH CONTRACTOR

FOR 2ND. TIER SUB:

- 1. Fill in general contractor information, but general contractor signature is not needed.
- 2. Fill in subcontractor section; subcontractor signature not needed. Send to GC.
- 3. Fill in 2nd. Tier sub section and provide signature.
- 4. 2nd Tier contract amount list amount.

For 3rd TIER & HIGHER: Attach a copy of this completed form & list the 3rd tier contractor info under the 2nd tier contractor with a note.

Effective July 1, 2009 - ALL contractors bidding on public works contracts for \$60,000 or more MUST be registered with the Labor & Industrial Division prior to bidding the project. The registration form may be found on the DWS web page at www.dws.state.nm.us under Public Works and Forms. Print the Labor Enforcement Fund Form and mail it along with a check for \$200 to the address at the top of the form. A list of registered contractors may be reviewed on the same page as the registration form. Registration is good for one year, and after registration, contractors may bid as many contracts as they want. Upon expiration of the registration, contractors may complete projects, but in order to bid new ones after the expiration, they must register again. NOTE: All Affidavits of Wages Paid must go to the GC to submit to the Department of Workforce Solutions for approval. DWS will return approved Affidavits to the GC who should forward them to the subs.

NOTE: If form is faxed, originals are not required to be sent, unless the fax is illegible.

TYPE "A" - STREET, HIGHWAY, UTILITY & LIGHT ENGINEERING

Effective January 1, 2010

Zirodina danadiy 1, zo to				
Trade Classification	Base Rate	Fringe Rate		
Bricklayer/Blocklayer/Stonemason	17.74	0.26		
Carpenter/Lather	15.99	0.44		
Cement Mason	15.52	0.26		
Ironworker	21.77	6.03		
Painter (Brush/Roller/Spray)	17.56	0.44		
Electricians (outside)				
Groundman	26.79	11.03		
Equipment Operator	29.61	11.03		
Lineman/Wireman or Tech	30.20	11.03		
Cable Splicer	31.38	11.03		
Plumber/Pipefitter	28.30	4.07		
Laborers				
Group I	13.73	0.35		
Group II	14.03	0.35		
Group III	14.43	0.35		
Operators				
Group I	15.74	0.26		
Group II	15.94	0.26		
Group III	16.52	0.26		
Group IV	16.54	0.26		
Group V	16.53	0.26		
Group VI	16.69	0.26		
Group VII	16.74	0.26		
Group VIII	16.89	0.26		
Group IX	17.39	0.26		
Group X	18.19	0.26		
Truck Drivers				
Group I	13.32	0.26		
Group II	13.52	0.26		
Group III	13.72	0.26		
Group IV	13.92	0.26		

NOTE: SUBSISTENCE AND INCENTIVE PAY DO NOT APPLY TO TYPE "A" CONSTRUCTION.



WEBSITE FOR VALUABLE **WORKFORCE SOLUTIONS DEPARTMENT OF** CHECK OUT THE INFORMATION

www.dws.state.nm.us

PHONE:

Bill Richardson

Governor

Nicolina - (505) 841 - 4403 Patricia – (505) 841- 4409 Lori - (505) 841-4408

Department of Workforce

Ken Ortiz

Solutions

Secretary

(505) 841-4423

Apprenticeship Questions:

Click on "Public Works"

~OR~

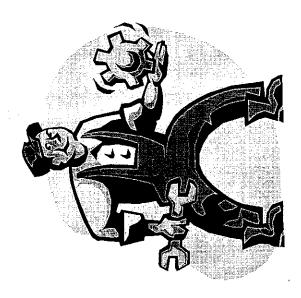
Michael - (505) 841- 4417 Public Works Questions:

FAX Number:

(505)841-4403

New Mexico Public Works

Construction



The NM Public Works Minimum Wage Act applies to employers and employees working on state/locally funded public works construction jobs. Information here is not an official interpretation of the Act, but this pamphlet can serve as a general guide to the law. You may find additional information and Rules & Regulations derived from the Act on the NMDWS web page at www.dws.state.nm.us

1. How does the Act apply?

The Act and the Public Works Bureau's Policy Manual govern all public works (PW) construction projects costing more than \$60,000 and funded in part or in whole by state/local funds. Wages set by LID must be paid as a minimum. Employees must be paid weekly. If the project has federal funding as well, the pay is figured by comparing the total rate in each trade from the state and federal wage decisions and paying the higher of the two.

2. What is a Wage Decision?

A wage decision is the set of wage rates for a specific public works construction project. The person putting together project bid documents requests a wage decision by submitting a request on our website that describes the scope of work. The type of work determines the type of rates issued. The four sets of rates are for:

"A" — Street, Highway, Utility and Light Engineering;

"B" - General Building;
"C" - Residential; and
"H" - Heavy Engineering.

If 80% of the project is *not* in one type of construction, two or more types of rates may be issued. A wage decision expires when new wage rates are approved – unless the bid opening takes place, or is within 10 days of taking place. When the bids are opened before the expiration, those rates are good for the life of the project.

3. When is a new Wage Decision required?

A new wage decision is required when the bids are not opened within 10 days after the approval of new wage rates. Then both a new wage decision and new rates will apply.

4. What is sent along with a Wage Decision?

Several forms are sent out with the wage decision that must be used by contractors:

- a. A Notification of Award must be sent to the Public Works Bureau from the contracting agency or general contractor listing all subcontractors before work starts;
- A Statement of Intent to Pay Prevailing Wages must be sent to the contracting agency from each contractor, subcontractor and second tier contractor before work starts;
- c. An Apprenticeship Contribution Compliance Statement (for all except Type "A" projects) is due by the 15th of each month from all contractors,

subcontractors, and second tier contractors;

- A wage rate poster must be displayed in an easily accessible place at the job site to show all employees what their minimum rates of pay are; and
- . An Affidavit of Wages Paid must be submitted to the contracting agency after a contractor finishes work but before the final payment.

5. When does overtime pay start?

Overtime pay starts after 40 hours of work in a seven-day workweek for the same employer, regardless of how many projects the employee works on.

6. How is overtime pay computed? Overtime pay is 1.5 times the base of

Overtime pay is 1.5 times the base pay with fringes added back. For example, if the base is 12/hr, and the fringe benefit is 2/hr, the total overtime rate is $12 \times 1.5 + 2$ or 18 + 2 = 20.

7. How can I file a wage claim?

If you think your employer owes you more wages, you may file a wage claim at any NMDWS office, or call our Hotline at 1-888-370-0013. You should keep copies of pay stubs, a diary of when and where you worked, and the work performed.

8. What does the term "at will State mean?

New Mexico is an "at will State" and the term means that an employer may hire and fire employees at will.