Changes to Form WD-10

## Previous form

Wage and Hour Division (WHD)
Report of Construction Contractor's Wage Rates Form WD-10  ONB No. 1235-0015 Expires 3/31/2014
<b>*</b>
Not sure how to fill out this form? Read the <u>instructions</u> .  If you received a Java Script Error message, click <u>here</u> for resolution.  If you need further assistance and would like to have someone contact you directly, please email us <u>mailto:WHD-Webmaster@dol.gov?subject<ewd-10 application<="" u="" web="">.</ewd-10></u>
Click here to go to WD-10 homepage.
Click here if you would like to clear out some of the sections which have already been filled.
<ul> <li>Required Information</li> <li>Please indicate the full name, address, and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.</li> </ul>
*Name of Contractor/Subcontractor
*Address
*City *State *ZIP
"Phone (202)555-1212 Extension 1234 Fax (202)555-1212

Removed link to clear filled sections

Added Clear button for each section

## **Current form**

Wage and Hour Division (V	VHD)			
Report of Construction Con OMB No. 1235-0015 Expires 3/31/2014	tractor's Wage	Rates Fo	rm WD-10	
If you receive If you need further a	ssistance and would I	message, cli ike to have s	the instructions. ck here for resolution. comeone contact you directly, lect=EWD-10 Web Application.	
Click here to go to WD-10 homepage.				
* Required Information				
Please indicate the full name, address, data for the project indicated on this form		he General/Pr	ime Contractor or Subcontractor reporting w	rage
*Name of Contractor/Subcontractor				
*Address				
*City		*State	*7IP	
City		State	2.5	
*Phone (202)555-1212	Extension 1234		Fax (202)555-1212	
				Clear

E. The Contractor listed in Continual above in		7
5. The Contractor listed in Section 1 above is:		
○ General/Prime Contractor ○ Subcontractor		
5 A. Please provide a list of any subcontractors used on this p	roject, including addresses and phone numbers.	
	wing three Subcontractor options: no subcontractors C The list is given below •	Subcontractor list not displayed unless "The list is given below"
Skip past the Lis	st of Subcontractors	is selected
List of S	ubcontractors	
Project	Subcontractor	
Same Project as in Section 3 Above	•	The project entry is no longer required for each Subcontractor
Name	Name	entry
Address	Address	
City	City	
		Subcontractor entries are added
State County	State ZIP Code Phone (202)555-1212	individually, instead of defining
	Type of Work	15 entries to the form
Same Project as in Section 3 Above		
Name	Name	
Address	Address	
City	City	
State County	State ZIP Code Phone (202)555-1212	
	Type of Work	
	Type of Work	
		Synchronized instruction
		6. P
6. Please select the type of construction for the project being reported	and all relevant descriptors. If the	] proj
project has more than one type of construction please check additional	Il types.	

<ol><li>Please select the type of construction for the project being reported and all relevant descriptors. If the project has more than one type of construction please check additional types.</li></ol>						
* Apartment Building		Motel/Hotel		* Residential		
Bicycle Path		* Nursing/Assisted Living Facility		Road/Street/Highway/Drive		
Bridge Over Navigable Water		Office/Commercial Building		School		
Bridge (Any other type)		Paving		Site Preparation		
Dormitory		Parking Lot		Treatment Plant		
Hospital		Playground		Water/Sewer		
Other						
* If you selected APARTMENTS, NURSING FACILITIES, or RESIDENTIAL, please enter the following three items.						
Number of Stories		Kitchen in each Unit?		Bath in each Unit?		

	5. The Contractor listed in Section 1 above is:				
	General/Prime Contractor				
	5 A. Please provide a list of any subcontractors used on this project, including addresses and phone numbers.				
ubcontractor list not displayed Inless "The list is given below" Is selected	Please select one of the following three Subcontractor options:  The list was provided earlier C There are no subcontractors C The list is given below C				
selecteu	Skip past the List of Subcontractors				
	List of Subcontractors				
the project entry is no longer equired for each Subcontractor entry	Name  Address  City				
Subcontractor entries are added individually, instead of defining 15 entries to the form	State ZIP Code Phone (202)555-1212 Type of Work				
	Remove Subcontractor Clear  Add Additional Subcontractor  Clear				

Added button to remove subcontractors individually

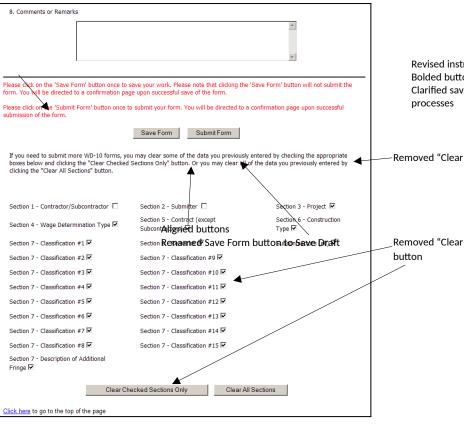
Synchronized instruction with construction type terminology in list

Please select the type of construction for the project being reported and all relevant descriptors. If the project has more than one type of construction please check additional types.						
* Apartment Building		Motel/Hotel		* Residential		
Bicycle Path		* Nursing/Assisted Living Facility		Road/Street/Highway/Drive		
Bridge Over Navigable Water		Office/Commercial Building		School		
Bridge (Any other type)		Paving		Site Preparation		
Dormitory		Parking Lot		Treatment Plant		
Hospital		Playground		Water/Sewer		
Other						
* If you selected APARTMENT BUILDING, NURSING/ASSISTED LIVING FACILITY, or RESIDENTIAL, please enter the following three items.						
Number of Stories		Kitchen in each Unit?		Bath in each Unit?		
					Clear	

You causumit up to 15 Classifications on this W010 form. Please submit additional W010s if you need to submit more classifications.  GLMM SURVEY RESPONDEHTS ONLY:  * LIST H28 VISA WORKERS SEPARATELY FROM OTHER REPORTED WORKERS  ** DICHITY H28 WORKERS BY AN 7H22 AFTER THE CLASSIFICATION TITLE  Example:  H28/Visa Carpenter  CLASSIFICATION  CCAPENTER  CLASSIFICATION  CCAPENTER  CLASSIFICATION  CAPENTER  CLASSIFICATION  CAPENTER  CLASSIFICATION  CAPENTER  CLASSIFICATION  CAPENTER  CLASSIFICATION  CAPENTER  Peak Week Ending Date  Hourly Rate  ** per EMP, per	7. Classifications and Fringe Benefit Information "Include the decimal position when you fill in "Rate" fields. Do not include the comma(,), dollar sign(\$) or percentage sign(%).							
** IDENTIFY H2B WORKERS BY AN 2H2? AFTER THE CLASSIFICATION TITLE  Example: H2B/VIsa Corpenter  CLASSIFICATION Carpenter H2  Classification #1  Paid under CBA?  Peak Week Ending Date  Hourly Rate  Health & Welfare: G  Pension (401K, G G Additional Fringe:  None G  Feak Week Ending Date  Hourly Rate  Peak Week Ending Date  Hourly Rate  Peak Week Ending Date  Hourly Rate  Peak Week Ending Date  Hourly Rate  **Per EMP. per  **Paid under CBA?  **Per EMP. per  **Per EMP. per  **Paid under CBA?  **Paid under CBA?  **Per EMP. per  **Paid under CBA?  **Paid								
Example: H28/Visa Carpenter  CLASSIFICATION Carpenter H2  Classification #1  Type of Work Performed  Peak Week Ending Date  Health & Welfare:  None etc.):  None % of Hourly Rate % of Hourly Rate % of Hourly Rate % of Hourly Rate % per EMP. per  Additional Fringe:  None % of Hourly Rate % of Hourly Rate % per EMP. per  Classification #2  Paid under CBA?  Number of Employees  Hourly Rate % per EMP. per  C  No. of days per year C  Classification #2  Paid under CBA?  Number of Employees  Peak Week Ending Date  Hourly Rate % per EMP. per  No. of days per year C  Classification #2  Paid under CBA?  Number of Employees  Hourly Rate % per EMP. per  C  No. of days per year C	GUAM SURVEY RESPONDENTS ONLY:							
CLASSIFICATION Carpenter H2  CLASSIFICATION Carpenter H2  CLASSIFICATION Carpenter H2  CLASSIFICATION Carpenter  CLASSIFICATION Carpenter  CLASSIFICATION Carpenter  Paid under CBA7  Number of Employees  Hourly Rate  Peak Week Ending Date  Hourly Rate  Pension (401K, None etc.):  Apprentice Training:  None  Additional Fringe:  None  Peak Week Ending Date  Hourly Rate  Peak Week Ending Date  Hourly Rate  Per EMP. per  C  C  C  C  C  C  C  C  C  C  C  C  C	- IDENTIFY H2B WORK	CERS BY AN	?H2? AFTER THE CLAS	SSIFICATION TITLE				
Carpenter H2  Carpenter H2  Carpenter H2  Carpenter  Carpenter  Paid under CBA?  Number of Employees  Peak Week Ending Date  Hourly Rate  Peak Week Ending Date  Hourly Rate  Pension (401K, None etc.):  Apprentice Training:  None Additional Fringe:  None Carpenter  Peak Week Ending Date  Hourly Rate Peak Week Ending Date  Hourly Rate Per EMP. per Carpenter  None One One One One One One One One One O								
Type of Work Performed  Health & Welfare:  Pension (401K, None etc.):  None  Apprentice Training:  None  Additional Fringe:  None  Pension (401K, None etc.):  None  Additional Fringe:  None  Pension (401K, None etc.):  None  Non								
Health & Welfare:  Pension (401K, None etc.):  None 6 Hourly Rate c C C C C C C C C C C C C C C C C C C	Classification #1				Number of Employees			
Health & Welfare:  Pension (401K, None etc.):  None 6 Hourly Rate c C C C C C C C C C C C C C C C C C C	T (W.15.6							
Health & Welfare:  Pension (401K, None etc.):  None consideration & per EMP. per consideration & per EM	Type of Work Performed	1		Peak Week Ending Date	Hourly Rate			
Apprentice Training:  None  Vacation & Holiday:  None  Additional Fringe:  None  Health & Welfare:  C  Pension (401K, None etc.):  Apprentice Training:  None  Additional Fringe:  None  Pension (401K, None etc.):  None  None  None  None  None  None  None  Sper EMP. per  None  Peak Week Ending Date  Hourly Rate etc.):  Apprentice Training:  None  N	Health & Welfare:			4 have an expense				
Apprentice Training:  Vacation & Holiday:  None Additional Fringe:  None Fension (401K, None etc.):  Apprentice Training:  None Of Hourly Rate Every Company C				o por com r por [				
Additional Fringe:  None  Additional Fringe:  None  Cassification #2  Paid under CBA?  Peak Week Ending Date  Hourly Rate  Cassification #2  Peak Week Ending Date  Hourly Rate  Cassification #2  Peak Week Ending Date  Peak Week Ending Date  Hourly Rate  Cassification #2  Peak Week Ending Date  Peak Week Ending Date  Peak Week Ending Date  Hourly Rate  Cassification #2  Peak Week Ending Date  Non's Age of Hourly Rate  Sper EMP. per  No. of days per year  Cassification #2  No. of days per year  No. of days per year  No. of days per year	Apprentice Training:		,	a per cini i per j				
Additional Fringe:  Classification #2  Paid under CBA?  Number of Employees  Type of Work Performed  Peak Week Ending Date  Hourly Rate  Pension (401K, None etc.):  Pension (401K, None etc.):  None  Pension (401K, None etc.):  None  None  % of Hourly Rate  \$ per EMP. per  Apprentice Training:  None  % of Hourly Rate  \$ per EMP. per  None  None  None  % of Hourly Rate  \$ per EMP. per  None  None  None  % of Hourly Rate  \$ per EMP. per  None  None  None  None  % of Hourly Rate  \$ per EMP. per  None  None  None  None  None  % of Hourly Rate  \$ per EMP. per  None  None  None  None  None  % of Hourly Rate  \$ per EMP. per  None  None  None  None  None  % of Hourly Rate  \$ per EMP. per  None  None  None  None  % of Hourly Rate  \$ per EMP. per  None  None  None  None  None  % of Hourly Rate  \$ per EMP. per  None  None  None  None  None  % of Hourly Rate  \$ per EMP. per  None  N	Vacation & Holiday:			a per cini . per [				
Type of Work Performed  Health & Welfare:  Reprinciple of Work Performed  None etc.):  None etc.):  None % of Hourly Rate etc.): None % of Hourly Rate	Additional Fringe:			+ par ann - par				
Health & Welfare:  None  Pension (401K, None etc.):  None  Pension (401K, None etc.):  None  O  None  None  None  O  None  None  None  None  O  None	Classification #2				Number of Employees			
Health & Welfare:  Pension (401K, None etc.):  None (50 Hourly Rate (60 Hourly	Type of Work Performed	ı		Peak Week Ending Date	Hourly Rate			
etc.):	Health & Welfare:			y per com per [				
Apprentice Training:  C  Vacation & Holiday:  None  6  None  9  6  Hourly Rate  C  No. of days per year  C  Additional Frince:  None  % of Hourly Rate  Figure  None  % of Hourly Rate  Per EMP. per  No. of days per year				y per com per [				
Vacation & Hollday: € C C C  Additional Frince: None % of Hourly Rate \$ per EMP. per  No. of days per year	Apprentice Training:			+ par ann - par				
Additional Fringe	Vacation & Holiday:			4 Par				
~	Additional Fringe:			4 have an expense				

	7. Classifications and Fringe Benefit Inform	mation				
Removed text	*Include the decimal position when you fi	Il in "Rate" fields. Do not include the comma(,), do	ollar sign(\$) or percentage sign(%).			
Removed text	GUAM SURVEY RESPONDENTS ONLY:  LIST H2B VISA WORKERS SEPARATELY FROM OTHER REPORTED WORKERS  IDENTIFY H2B WORKERS BY AI H2Y AFTER THE CLASSIFICATION TITLE					
	Example: H2B/Visa Carpenter					
	CLASSIFICATION Carpenter H2					
	Classification	Paid under CBA?	Number of Employees			
	Type of Work Performed	Peak Week Ending Date	Hourly Rate			
More compact layout – text	Health & Welfare: None € % (	of Hourly Rate C \$ per EMP. per				
contained on individual lines	Pension (401K, etc.): None © % (	of Hourly Rate C \$ per EMP. per				
	Apprentice Training: None € % (	of Hourly Rate C \$ per EMP. per				
	Vacation & Holiday: None @ % o	of Hourly Rate C \$ per EMP. per	No. of days per year C			
Classification entries are added	Additional Fringe: None © % o	of Hourly Rate C \$ per EMP. per	No. of days per year C			
individually, instead of defining			Remove Classification Clear			
15 entries to the form————	ne form————————————————————————————————————					

Added button to remove classifications individually



8. Comments or Remarks (Maximum characters: 255) If you haven't finished the form, but would like to save what you've completed so far, click 'Save Draft'. This will bring you to a confirmation page where you can verify your entries. As the 'Save Draft' button does not submit the EWD-10 to DOL, you are permitted to access the form at a later date to complete it. Please click on the 'Submit Form' button once to submit your form. You will be directed to a confirmation page upon successful Clear All Sections Save Draft Submit Form Click here to go to the top of the page

Revised instruction text in red **Bolded button names** Clarified save versus submit

-Removed "Clear Section" text

Removed "Clear Section" options and