Maintenance Wage Rate Recommendation	U.S. Departme	evelopment		HUD FORM 4750 OMB Approval Number XXXX-XXXX (Exp. XX/XX/XXXXX))
Agency:	Office of Lab	Agency Contact:		(Exp. \\\\\\\\\)
		(Person most familiar with the recommendation and its bases.) Name:		
		Title:		
		Telephone:		
		Email:		
The following wage rates are rec	ommended for n		nrers and	l mechanics engaged in
the operation of the low-income certify that this recommendation performed within the operating juthe following wage rates for main fiscal year beginning date mm/de	or affordable how reflects the wag urisdiction of thi ntenance work p	using developmo je rates that prev s agency. Acco	ents of th vail for m rdingly, I	ne above agency. I aintenance work request that HUD issue
Name and Signature:		Date:		
Executive Director/Designee				
Work Classification(s)		Hourly Wage Rates		
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