



LIVING WAGE
SUBCONTRACTOR
AND CONTRACTOR INFORMATION



Name of Prime Contractor: [ ] Contract No./PO No: [ ]
Company Address: [ ]
City/Town: [ ]
Telephone Number: [ ] Fax: [ ]
Awarding Agency/ Procurement Contact: [ ]

A contractor is required to provide to the Commissioner of Labor and Industry, Living Wage Unit, a list of Subcontractors working under this contract, on the day that work commences. Attach additional sheets as necessary.

Number of Sub-Contractors working on this contract, if applicable: [ ]

Sub-Contractor: [ ] Phone Number: [ ]
Address: [ ] City/Town: [ ]
State & Zip Code: [ ]

Employee's Name: [ ] Date of Hire: [ ]
Weekly Work Hours: [ ] Employee Pay Rate per hour: \$ [ ]
What was the hourly rate prior to the application of the Living Wage Law? : \$ [ ]

Sub-Contractor: [ ] Phone Number: [ ]
Address: [ ] City/Town: [ ]
State & Zip Code: [ ]

Employee's Name: [ ] Date of Hire: [ ]
Weekly Work Hours: [ ] Employee Pay Rate per hour: \$ [ ]
What was the hourly rate prior to the application of the Living Wage Law? : \$ [ ]

Sub-Contractor:	<input type="text"/>	Phone Number:	<input type="text"/>
Address:	<input type="text"/>	City/Town:	<input type="text"/>
State & Zip Code:	<input type="text"/>		

Employee's Name:	<input type="text"/>	Date of Hire:	<input type="text"/>
Weekly Work Hours:	<input type="text"/>	Employee Pay Rate per hour: \$	<input type="text"/>
What was the hourly rate prior to the application of the Living Wage Law? : \$			

Sub-Contractor:	<input type="text"/>	Phone Number:	<input type="text"/>
Address:	<input type="text"/>	City/Town:	<input type="text"/>
State & Zip Code:	<input type="text"/>		

Employee's Name:	<input type="text"/>	Date of Hire:	<input type="text"/>
Weekly Work Hours:	<input type="text"/>	Employee Pay Rate per hour: \$	<input type="text"/>
What was the hourly rate prior to the application of the Living Wage Law? : \$			

**I understand that the employee information provided will be used by the Commissioner of Labor and Industry, Living Wage Unit, for the purpose of monitoring compliance with the Living Wage Law.**

Person completing this form:

Print/Type Name

Signature

Title or position

Date

Telephone Number:

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**Department of Labor, Licensing and Regulation  
Division of Labor and Industry  
Living Wage Unit**

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