**

MAINE DEPARTMENT OF TRANSPORTATION

Consultant Wage Rate Waiver Request Form

Municipality administering project:

Consultant Firm:        WIN:

This request is for a waiver of MaineDOT’s reimbursement limits under the Policy on Consultant Wage Reimbursement. The limits are as follows:

1. Consultant project manager (Limit of 1 per contract; for additional project managers, the consultant must use the waiver process): $62.00
2. Engineer performing a quality control function (Limit of 1 per contract; for additional quality control engineers, the consultant must use the waiver process): $62.00.
3. Sub-consultants and all other consultant positions: $50.00.

Describe (below or on an attached document) the circumstances of this project that would justify such a waiver. This document must be accompanied by certified payroll documents supporting this request.

(INSERT JUSTIFICATION FOR WAIVER HERE).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name and Title/Classification** | **Check**  **If Sub Consultant** | **Proposed Unburdened**  **Direct Labor Rate[[1]](#footnote-1)** | ***(MaineDOT Use)***  ***\*App*roved**  **Yes No** | |
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**(Must be signed by Consultant’s Representative)**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Printed Name & Title)*

**(MaineDOT Internal Use Only)**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Program Manager or Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Printed Name & Title)*

\*Program Manager or Designee will indicate approval in the check boxes above.

Contract Procurement Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debora B. Farrell, Director Date

1. For adjustable rate contracts, a new Wage Rate Waiver Request Form must be submitted if there is a change in any previously approved rate(s) above the hourly unburdened direct labor rate limits. [↑](#footnote-ref-1)