**

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** |
|  | **[ ]**  |       | [ ]  | [ ]  |
|  | **[ ]**  |       | [ ]  | [ ]  |
|  | **[ ]**  |       | [ ]  | [ ]  |
|  | **[ ]**  |  | **[ ]**  | **[ ]**  |
|  | **[ ]**  |       | [ ]  | [ ]  |
|  | **[ ]**  |       | **[ ]**  | **[ ]**  |

  **(Must be signed by Consultant’s Representative)**

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

 Consultant Representative

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

 *(Printed Name & Title)*

**(MaineDOT Internal Use Only)**

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

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

 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)