

**LABOR RATE WORKSHEET – FORM II**  
**CONSTRUCTION COST ANALYSIS**  
**AMSTERDAM HOUSING AUTHORITY**

CONTRACTOR’S NAME & ADDRESS:

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LABOR RATE BREAKDOWN FOR JOB CLASSIFICATION:

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|    |  | Regular Base Rate | Premium Base Rate |
|----|--|-------------------|-------------------|
| A. | Wage Rate Per Hour                       | _____             | _____             |
|    | <b>Benefits</b>                          | \$ per hour       | % per hour        |
|    | Vacation                                 | _____             | _____             |
|    | Health Care                              | _____             | _____             |
|    | Pension                                  | _____             | _____             |
|    | Holidays                                 | _____             | _____             |
|    | Disability Ins.                          | _____             | _____             |
|    | _____                                    | _____             | _____             |
|    | _____                                    | _____             | _____             |
| B. | Total Benefits per Hour                  | _____             | _____             |
|    | Payroll Taxes & Insurance                | %                 |                   |
|    | F.I.C.A.                                 | _____             |                   |
|    | Federal Unemployment                     | _____             |                   |
|    | State Unemployment                       | _____             |                   |
|    | Worker’s Compensation                    | _____             |                   |
|    | Employer’s Liability                     | _____             |                   |
|    | Disability                               | _____             |                   |
|    | _____                                    | _____             |                   |
| C. | Total Taxes & Insurance per Hour         | _____             | _____             |
| D. | Total Labor Rate (A+B+C)<br>for Form III | _____             | _____             |