CITY OF CLEVELAND
Mayor Frank G. Jackson

CONTRACTOR'S EMPLOYEE CONSENT FOR WAGE DEDUCTIONS

City of Cleveland
Office of Equal Opportunity
Prevailing Wage Compliance
601 Lakeside Avenue, Room 335
Cleveland, Ohio 44114

Phone: 216.664.4151 ▪ Fax: 216.664.3870 ▪ Email: PWcoordinator@city.cleveland.oh.us ▪ Hours: 8 am to 5 pm Weekdays

PROJECT INFORMATION

PROJECT NAME:		**CITY CONTRACT #:**	

CONTRACTOR INFORMATION

CONTRACTOR:		**PHONE:**	
PAYROLL CONTACT:		**EMAIL:**	

AREA TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME:		**TITLE / CLASSIFICATION:**	

I authorize the following deductions(s) as listed below to be withheld from my paycheck:

Purpose of Deduction *(Description)*	**Amount**	**Frequency** *(Enter one-time, weekly, bi-weekly, monthly, other)*	**Starting on** *(Date)*	**Ending on** *(Date)*
	$			
	$			
	$			
	$			

EMPLOYEE ACKNOWLEDGEMENT & AUTHORIZATION

Print Employee Name	**Signature**	**Date**

CONTRACTOR OFFICIAL ACKNOWLEDGEMENT & AUTHORIZATION

Print Company Official	**Title**	**Signature**	**Date**

DIRECTIONS FOR COMPLETED FORM:

1. Upload Completed Form to LCP tracker (https://lcpprod.lcptracker.net/).
2. Email Completed Form to Prime Contractor and/or the project's Prevailing Wage Coordinator.