

Request Additional Wage Classification

INSTRUCTIONS:

1. Complete the HUD Standard Form 1444.
 - a. The form on the DED website is non editable version.
 - b. For an editable version visit [Wage Determinations | SAM.gov](#) and scroll to the bottom the Labor forms are linked.

Resources	Forms
<p>Labor Advisors</p> <ul style="list-style-type: none"> Labor Advisors All Agency Memorandums Cross Index for Contract Labor Standards <p>DBA Resources</p> <ul style="list-style-type: none"> DBA Conformances DBAs to be Revised Department of Labor DBA Analysts by State DBA Rollover Crosswalk 	<p>SCA Resources</p> <ul style="list-style-type: none"> SCA Conformances SCA Directory, 5th Edition, Occupational Index SCA Directory of Occupations, 5th Edition SCA Directory, 5th Edition, Table of Contents SCA Directory Comparison of 4th and 5th Edition SCA 2015 Crosswalk All Counties
	<p><input type="checkbox"/> SF308 - Request For Wage Determination And Response To Request (DBA) ↗</p> <p><input type="checkbox"/> E98 - Notice of Intention to Make a Service Contract and Response to Notice (SCA) ↗</p> <p><input checked="" type="checkbox"/> SF1444 - Request for Authorization of Additional Classification and Rate ↗</p>

2. To complete the **From** section , please include this information:

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE		CHECK APPROPRIATE BOX <input type="checkbox"/> SERVICE CONTRACT <input type="checkbox"/> CONSTRUCTION CONTRACT	OMB Control Number: 9000-0066 Expiration Date: 4/30/2022
Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0066. We estimate that it will take .5 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.			
INSTRUCTIONS: THE CONTRACTOR SHALL COMPLETE ITEMS 3 THROUGH 16, KEEP A PENDING COPY, AND SUBMIT THE REQUEST, IN QUADRUPPLICATE, TO THE CONTRACTING OFFICER.			
1. TO: ADMINISTRATOR, WAGE AND HOUR DIVISION U.S. DEPARTMENT OF LABOR WASHINGTON, DC 20210		2. FROM: (REPORTING OFFICE) Tia Loftin, Department of Economic Development 245 Fallbrook Blvd, Suite 002 Lincoln, NE 68521 tia.loftin@nebraska.gov (531)810-1929	
3. CONTRACTOR		4. DATE OF REQUEST	
5. CONTRACT NUMBER	6. DATE BID OPENED (SEALED BIDDING)	7. DATE OF AWARD	8. DATE CONTRACT WORK STARTED
		9. DATE OPTION EXERCISED (IF APPLICABLE) (SERVICE CONTRACT ONLY)	

3. DED will submit the form to Department of Labor on behalf of the Subrecipient.
4. Any questions, please contact your DED program Representative.

Request For Authorization Of Additional Classification And Rate	Check Appropriate Box	OMB Control Number: 9000-0066 Expiration Date: 5/31/2025
	<input type="checkbox"/> Service Contract <input type="checkbox"/> Construction Contract	

Instructions: The Contractor shall complete items 3 through 16, keep a pending copy, and submit the request, in quadruplicate, to the Contracting Officer.

1. To: Administrator, Wage And Hour Division U.S. Department Of Labor Washington, DC 20210	2. From: (Reporting Office) Tia Loftin, Department of Economic Development 245 Fallbrook Blvd., Suite 002 Lincoln, NE 68521 Tia.loftin@nebraska.gov (531)810-1929
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3. Contractor	4. Date Of Request
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5. Contract Number	6. Date Bid Opened (Sealed Bidding)	7. Date Of Award	8. Date Contract Work Started	9. Date Option Exercised (If Applicable) (Service Contract Only)
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10. Subcontractor (If Any)

11. Project And Description Of Work (Attach Additional Sheet If Needed)

12. Location (City, County, And State)

13. In Order To Complete The Work Provided For Under The Above Contract, It Is Necessary To Establish The Following Rate(s) For The Indicated Classification(s) Not Included In The Department Of Labor Determination

Number:	Dated:	
a. List In Order: Proposed Classification Title(s); Job Description(s); Duties; And Rationale For Proposed Classifications (Service contracts only) (Use reverse or attach additional sheets, if necessary)	b. Wage Rate(s)	c. Fringe Benefits Payments

14. Signature And Title Of Subcontractor Representative (If Any)	15. Signature And Title Of Prime Contractor Representative
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16. Signature Of Employee Or Representative	Title	Check Appropriate Box - Referencing Block 13. <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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To Be Completed By Contracting Officer (Check As Appropriate - See FAR 22.1019 (Service Contract Labor Standards) Or FAR 22.406-3 (Construction Wage Rate Requirements))

- The Interested Parties Agree And The Contracting Officer Recommends Approval By The Wage And Hour Division. Available Information And Recommendations Are Attached.
- The Interested Parties Cannot Agree On The Proposed Classification And Wage Rate. A Determination Of The Question By The Wage And Hour Division Is Therefore Requested. Available Information And Recommendations Are Attached.

(Send 3 copies to the Department of Labor)

Signature Of Contracting Officer Or Representative	Title And Commercial Telephone Number	Date Submitted
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