

# N.T.L. MARKET RECOVERY PROGRAM

## WAGE/BENEFIT MODIFICATION REQUEST

THIS REQUEST MUST BE RECEIVED BY THE NTL/NTD AREA REPRESENTATIVE AND A COPY SENT TO THE NTL BUSINESS MANAGER AT LEAST 72 HOURS PRIOR TO THE BID DUE DATE (excluding weekends)

PROJECT or PLANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNER NAME & ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BID DUE DTE \_\_\_\_\_ ESTIMATED MAN HOURS: \_\_\_\_\_

APPROX. START DATE: \_\_\_\_\_ APPROX. COMPLETION DATE: \_\_\_\_\_

DESCRIPTION OF THE WORK: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

ALL OTHER CONTRACTORS BIDDING (CONTACT PERSON & PHONE NUMBER, IF KNOWN) \_\_\_\_\_

**REQUESTED MODIFICATIONS SHALL NOT EXCEED 20% TOTAL PACKAGE WITHOUT THE WRITTEN APPROVAL OF THE N.T.L. BUSINESS MANAGER OR THE N.T.D. DIRECTOR**

WORK IS IN THE JURISDICTION OF LOCAL LODGE # \_\_\_\_\_

	FULL 100% RATE	REQUESTED RATE
FOREMAN RATE		
BOILERMAKER RATE		
SUBSISTENCE		
HEALTH & WELFARE		
PENSION		
ANNUITY		
APPRENTICESHIP / MOST		
GLOVES		
OTHER		
<b>TOTALS</b>		

Health/Welfare: Contractor is responsible for increases if applicable.  Yes  No

Wage/Benefit Rates: Contractor is responsible for increases if applicable.  Yes  No

Expiration of this request: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

UNION APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Accepted  Awarded  Lost

Rejected -Reason for rejection: \_\_\_\_\_