

ELECTRONIC WD-10 TRAINING

[http://www.dol.gov/whd/programs/
dbra/wd10/index.htm](http://www.dol.gov/whd/programs/dbra/wd10/index.htm)

Electronic WD-10 = Paper WD-10

- Contractor-Name, Address, Phone Number
- Submitter – Name, Title, Phone Number, Email
- Project - Location, Description, Value, Dates
- Classification – Work Performed, CBA
Designation, Peak Week, # of Employees,
Rate, Fringe Benefit(s)
- Signature and Date

Entering a WD-10

The following slides will illustrate how to complete a new WD-10 or first WD-10 entered.



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Wage and Hour Division (WHD)

Form WD-10: Report of Construction Contractor's Wage Rates



OMB No. 1235-0015 Expires 3/31/2014

Welcome

to the

Report of Construction Contractor's Wage Rates Form (WD-10)

The Electronic WD-10 form has changed. Please review [instructions](#) before filling the form.

This form is used to submit wage data and/or the names and addresses of subcontractors on projects that were active during the time frames of [surveys](#).

Please note that this form will be unavailable daily between the hours of
9:00 p.m. - 10:00 p.m. EST
and
2:00 a.m. - 6:45 a.m. EST

If you need assistance with this form, or are experiencing difficulties, please contact the Wage and Hour Division of the Employment Standards Administration of the Department of Labor via email to WHD-Webmaster@dol.gov. Thank you.

Please choose one of the following options:

- New WD-10
- View Submitted/Pending WD-10

CONTINUE

Entering A WD-10

- * = Required Information: Must be entered for WD-10 to be submitted in a survey.
- Phone Number (Required Field for Contractor and Submitter Blocks)
 - Identifier to retrieve saved or submitted WD-10s
- Email Address (Not Required Field)
 - Required to receive email acknowledgement of saved or submitted WD-10s

Sample WD-10 – Contractor and Submitter Blocks.

Note: * blocks

* Required Information

1. Please indicate the full name, address, and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

* Name of Contractor/Subcontractor

CBAConstruction

* Address

1234 Apple Street

* City

Washington

* State

DC

* ZIP

20010

* Phone (202)555-1212

(888)888-8888

Extension 1234

Fax (202)555-1212

2. Submitter Information

* Last Name and First Name

Shirley Ebbesen

Title

Owner

Organization

CBA Construction

* Phone (202)555-1212

(888)888-8888

Extension 1234

Fax (202)555-1212

Email Address JoeSmith@example.com

ebbesen.shirley@dol.gov

(To receive an Email acknowledgement, an Email Address must be provided)

Please provide as much information regarding project name as possible. If multiple WD-10s are submitted on the same project location, the description should identify what makes the projects different projects

3. Please supply the complete name of the project, project description (area within a building, highway section, specific room number, etc.) address, and name of General/Prime Contractor if different from item 1.

*Full Name of Project

Sample- WD-10 - BonAire Apartments

*Project Description

New Construction - 50 Units

Address

For Building and Residential Projects – an actual street address must be entered so that the project can be identified. For Heavy and Highway projects, provide as much description as possible to identify location of project.

General Contractor Information – Important to identify Project

678 Orange Highway	
* City	
Arlington	
* State	* County
VA	Fairfax
Additional County	
Name of General/Prime Contractor	Only Supplied Materials <input type="checkbox"/>
ABC Construction	

4. Indicate if project is subject to a Federal (Davis-Bacon) or state wage determination.

Federal State Neither

5. The Contractor listed in Section 1 above is:

General/Prime Contractor Subcontractor

More than one block may be checked – on apartments, etc.
please complete # stories and other information

6. Please select the type of construction for the project being reported and all relevant descriptors. If the project has more than one type of construction please check additional types.

- | | | |
|--|---|--|
| * Apartment Building <input checked="" type="checkbox"/> | Motel/Hotel <input type="checkbox"/> | * Residential <input type="checkbox"/> |
| Bicycle Path <input type="checkbox"/> | * Nursing/Assisted Living Facility <input type="checkbox"/> | Road/Street/Highway/Drive <input type="checkbox"/> |
| Bridge Over Navigable Water <input type="checkbox"/> | Office/Commercial Building <input type="checkbox"/> | School <input type="checkbox"/> |
| Bridge (Any other type) <input type="checkbox"/> | Paving <input type="checkbox"/> | Site Preparation <input type="checkbox"/> |
| Dormitory <input type="checkbox"/> | Parking Lot <input checked="" type="checkbox"/> | Treatment Plant <input type="checkbox"/> |
| Hospital <input type="checkbox"/> | Playground <input type="checkbox"/> | Water/Sewer <input type="checkbox"/> |
| Other <input type="checkbox"/> | <input type="text"/> | |

* If you selected APARTMENTS, NURSING FACILITIES, or RESIDENTIAL, please enter the following three items.

Number of Stories

Kitchen in each Unit?

Bath in each Unit?

Enter all work performed – for operators and truck drivers -all equipment and trucks operated in the peak week. Electronic WD-10 allows the entry of 15 classifications (paper WD-10 6 per page). If more than 15 classifications for one project, prepare another WD-10, but note it is a continuation in project title line.

Classification #1		Paid under CBA?		Number of Employees	
Carpenter		No		2	
Type of Work Performed		Peak Week Ending Date		Hourly Rate	
Rough Framing, Drywall, Form Work		06/02/2011		16.00	
Health & Welfare:	None <input type="radio"/> % of Hourly Rate <input type="radio"/>	\$ per EMP. per	Hour <input type="radio"/>		2.45
Pension (401K, etc.):	None <input type="radio"/> % of Hourly Rate <input type="radio"/>	\$ per EMP. per	<input type="text"/>		
Apprentice Training:	None <input type="radio"/> % of Hourly Rate <input type="radio"/>	\$ per EMP. per	<input type="text"/>		
Vacation & Holiday:	None <input type="radio"/> % of Hourly Rate <input type="radio"/>	\$ per EMP. per	<input type="text"/>	No. of days per year <input type="radio"/>	10
Additional Fringe:	None <input type="radio"/> % of Hourly Rate <input type="radio"/>	\$ per EMP. per	<input type="text"/>	No. of days per year <input type="radio"/>	
Classification #2		Paid under CBA?		Number of Employees	
Operator		Yes		2	
Type of Work Performed		Peak Week Ending Date		Hourly Rate	
Backhoe		03/15/2011		22.50	
Health & Welfare:	None <input type="radio"/> % of Hourly Rate <input type="radio"/>	\$ per EMP. per	Hour <input type="radio"/>		6.70
Pension (401K, etc.):	None <input type="radio"/> % of Hourly Rate <input type="radio"/>	\$ per EMP. per	Hour <input type="radio"/>		2.20
Apprentice Training:	None <input type="radio"/> % of Hourly Rate <input type="radio"/>	\$ per EMP. per	Hour <input type="radio"/>		.25
Vacation & Holiday:	None <input type="radio"/> % of Hourly Rate <input type="radio"/>	\$ per EMP. per	<input type="text"/>	No. of days per year <input type="radio"/>	10
Additional Fringe:	None <input type="radio"/> % of Hourly Rate <input type="radio"/>	\$ per EMP. per	<input type="text"/>	No. of days per year <input type="radio"/>	

Save Form : WD-10 can be saved, retrieved or used as a template for additional submissions. Partially submitted form can be saved, retrieved, and then submitted. Saved forms can be submitted after saving.

Submit Form: WD-10 form is complete and is sent to DOL for entry into survey. A submitted form cannot be saved after it is submitted.

Both can be retrieved, printed, saved to personal computer and acknowledged by email if email address provided in submitter block. Examples of submitting and saving WD-10s follow.

Description of Any Additional Fringe (applies to all Additional Fringe amounts above)

8. Comments or Remarks

Please click on the 'Save Form' button once to save your work. Please note that clicking the 'Save Form' button will not submit the form. You will be directed to a confirmation page upon successful save of the form.

Please click on the 'Submit Form' button once to submit your form. You will be directed to a confirmation page upon successful submission of the form.

If you need to submit more WD-10 forms, you may clear some of the data you previously entered by checking the appropriate boxes below and clicking the "Clear Checked Sections Only" button. Or you may clear all of the data you previously entered by clicking the "Clear All Sections" button.

Submitting a WD-10

Selection of Submit Form from WD-10 is illustrated in the following slides.

Submit Form submits the entered WD-10 data into the survey and saves the form for printing, retrieval and review, but does not allow any further changing of the form as it must remain as it was submitted into the survey.

Submit Form

- WD-10 Confirmation Page
 - Can be saved to personal computer (File – Save As)
 - Can be converted to pdf file and saved
- WD-10 Confirmation page is a record of data submitted and loaded into survey system (ASDS)
- Email acknowledgement of submitted WD-10 will also be sent to email address, if provided
- **CS** number and phone number on WD-10 confirmation will retrieve WD-10 and will match CS number and phone number on email

Submit Form - WD-10

CS Number and Phone are specific to this WD-10 only and will allow retrieval of this form. All data entered on WD-10 will be shown on this form.



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Your WD-10 has been successfully submitted to DOL. Please note the below Confirmation Number and Submitter Phone Number to view your submitted WD-10 (read only). This information will also be sent to the email address, if provided, on the WD-10 Form.

Confirmation Number : **CS181668-75455**

Submitter Phone Number : **(888)888-8888**

Thank You

1. Full name, address, and phone number of the General/Prime Contractor or Subcontractor.

Name of Contractor:	CBAConstruction		
Address:	1234 Apple Street		
City:	Washington	State:	DC
Phone:	(888)888-8888	ZIP:	20010
		Extension:	Fax:

2. Submitter Information.

Last Name and First Name:	Shirley Ebbesen		
Title:	Owner		
Organization:	CBA Construction		
Phone:	(888)888-8888	Extension:	Fax:
Email Address:	ebbesen.shirley@dol.gov		

Submit Form – WD-10

All entered and submitted data on WD-10 will be shown on this form.
This is a record of what was submitted in the survey.

3. Name of the project, project description (area within a building, highway section, specific room number, etc.) address, and name of General/Prime Contractor.	
Full Name of Project:	Sample- WD-10 - BonAire Apartments
Project Description:	New Construction - 50 Units
Address:	678 Orange Highway
City:	Arlington
State:	VA
County:	Fairfax
Additional County:	
Name of General Contractor:	ABC Construction
Only Supplied Materials:	No
4. Project is subject to a Federal (Davis-Bacon) or state wage determination.	
Federal:	No
State:	No
5. The Contractor listed in Section 1 above is: Subcontractor	

Submit Form – WD-10

All data entered on WD-10 will be shown on this form

Classification #1:	Carpenter	Paid under CBA?:	No
Type of Work Performed:	Rough Framing, Drywall, Form Work	Hourly Rate:	16.00
Peak Week Ending Date:	06/02/2011	Number of Employees:	2
Health & Welfare:	2.45 \$ per EMP. per Hour		
Pension (401K, etc.):	None		
Apprentice Training:	None		
Vacation & Holiday:	10 days per year		
Additional Fringe:	None		
<hr/>			
Classification #2:	Operator	Paid under CBA?:	Yes
Type of Work Performed:	Backhoe	Hourly Rate:	22.50
Peak Week Ending Date:	03/15/2011	Number of Employees:	2
Health & Welfare:	6.70 \$ per EMP. per Hour		
Pension (401K, etc.):	2.20 \$ per EMP. per Hour		
Apprentice Training:	.25 \$ per EMP. per Hour		
Vacation & Holiday:	10 days per year		
Additional Fringe:	None		

Submit Form WD-10

Print Form: Form will be printed as shown

Submit Another WD-10 : Will return you to WD-10 first page
(Contractor and Submitter Blocks will contain the previously entered information but all other information on the WD-10 will be blank)

WD-10 Home Page: Will return to Home Page where you can select a new WD-10 or retrieve a saved or submitted WD-10 by entering the PS or CS number and phone number.

Description of Any Additional Fringe:
8. Comments or Remarks.
<input type="button" value="Print Form"/> <input type="button" value="Submit another WD-10"/> <input type="button" value="WD-10 Home"/>

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Submit Form – E Mail

NOTE: **CS** number and phone number (same as WD-10)

From: WHD-Webmaster@dol.gov [mailto:WHD-Webmaster@dol.gov]

Sent: Thursday, January 26, 2012 11:10 AM

To: Ebbesen, Shirley – WHD

Subject: WD-10 Confirmation Number

(**CS**181668-75455)

Thank you for successfully submitting the Electronic WD-10 form to DOL. Please use following Confirmation Submission Number along with the telephone number to view (read-only) your submitted electronic WD-10.

Confirmation Submission Number : **CS**181668-75455

Submitter Phone Number : (888)888-8888

Saving a WD-10

Selection of Save Form on WD-10 will be illustrated in the following slides. This will allow form to be printed, retrieved, and reviewed. The saved form is not submitted until submit form is selected.

Save Form - Uses

- Multiple submissions in which some of the WD-10 data will be the same
 - Example: Same contractor, submitter, project, classifications
 - Same data would not have to be re-entered
- Partially completed WD-10
 - Return to form at a later date and complete

Save Form

- Save Form Confirmation Page
 - Can be saved to personal computer (File – Save As)
 - Can be converted to a pdf file also
- Form can be printed, retrieved, and re-saved with additional or changed data but is not submitted into survey unless submit form is selected
- Email acknowledgement will be sent to email address, if provided
- **PS** number and phone number will retrieve submitted form and will match PS and phone number in email

Save Form - WD-10

PS Number and Phone are specific to this WD-10 only and will allow retrieval of this form. All data entered on WD-10 will be shown on this form.

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Wage and Hour Division

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You have saved your information. The form has not been submitted to DOL yet. Please note the below Pending Submission Number and Submitter Phone Number to retrieve your information. This information will also be sent to the email address, if provided, on the WD-10 Form.

Pending Submission Number : **PS255-37985**
Submitter Phone Number : **(888)888-8888**

Thank You

1. Full name, address, and phone number of the General/Prime Contractor or Subcontractor.

Name of Contractor:	CBAConstruction				
Address:	1234 Apple Street				
City:	Washington	State:	DC	ZIP:	20010
Phone:	(888)888-8888	Extension:		Fax:	

2. Submitter Information.

Last Name and First Name:	Shirley Ebbesen				
Title:	Owner				
Organization:	CBA Construction				
Phone:	(888)888-8888	Extension:		Fax:	
Email Address:	ebbesen.shirley@dol.gov				

Save Form WD-10

Print Form: Form will be printed as shown

Submit Another WD-10 : Will return you to WD-10 first page
(Contractor and Submitter Blocks will contain the previously entered information but all other information on the WD-10 will be blank)

WD-10 Home Page: Will return to Home Page where you can select a new WD-10 or retrieve a saved or submitted WD-10 by entering the PS or CS number and phone number.

Description of Any Additional Fringe:
8. Comments or Remarks.
<input type="button" value="Print Form"/> <input type="button" value="Submit another WD-10"/> <input type="button" value="WD-10 Home"/>

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Submit Form – E Mail

NOTE: **PS** number and phone number (same as WD-10)

From: WHD-Webmaster@dol.gov [mailto:WHD-Webmaster@dol.gov]

Sent: Wednesday, January 25, 2012 5:53 PM

To: Ebbesen, Shirley – WHD

Subject: WD-10 Pending Submission Number (PS255-37985)

You have saved your WD-10. The form has not been submitted to DOL.

Please use the Pending Submission Number along with the telephone number to view, modify, or submit your saved WD-10.

Pending Submission Number : PS255-37985

Submitter Phone Number : (888)888-8888

Retrieving a Submitted or Saved WD-10

The following slides will illustrate how to retrieve a submitted or saved WD-10 using the CS or PS number assigned to the WD-10.

Retrieving Submitted or Saved WD-10

- Go to Home Page
 - Enter: <http://www.dol.gov/whd/programs/dbra/wd10/index.htm> OR
 - Select: WD-10 Home Page from Saved or Submitted WD-10
- Choose: View Submitted/Pending WD-10
- Enter CS (submitted WD-10) or PS (saved WD-10) number and phone number

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Wage and Hour Division (WHD)

Form WD-10: Report of Construction Contractor's Wage Rates



OMB No. 1235-0015 Expires 3/31/2014

Welcome

to the

Report of Construction Contractor's Wage Rates Form (WD-10)

The Electronic WD-10 form has changed. Please review [instructions](#) before filling the form.

This form is used to submit wage data and/or the names and addresses of subcontractors on projects that were active during the time frames of [surveys](#).

Please note that this form will be unavailable daily between the hours of
9:00 p.m. - 10:00 p.m. EST
and
2:00 a.m. - 6:45 a.m. EST

If you need assistance with this form, or are experiencing difficulties, please contact the Wage and Hour Division of the Employment Standards Administration of the Department of Labor via email to WHD-Webmaster@dol.gov. Thank you.

Please choose one of the following options:

- New WD-10
- View Submitted/Pending WD-10

*PS/CS# : PS/CSxxxx-xxxx

* Submitter Phone Number : (xxx)xxx-xxxx

* Required information.

CONTINUE

Retrieving Submitted WD-10 (CS Number)

- Enter CS number and phone number
- Will retrieve the submitted WD-10
 - Can be reviewed, printed, or saved to personal computer
- Data can NOT be changed as WD-10 was submitted to DOL and has been entered into survey

Retrieving a Saved WD-10 (PS number)

- Enter PS number and phone number
- Will retrieve the saved WD-10
 - Can be reviewed, printed or saved to personal computer
- Can submit the WD-10 with no changes
 - Follow submitted procedures at end of form
 - Will receive a CS number for the submitted WD-10
 - Saved WD-10 will remain always in system under PS number

Retrieving a Saved WD-10 (PS number)

- continued

- Can change data, add data, delete data, etc.
 - Choose “Click here if you wish to clear.....” – make changes, additions, deletions, etc. (as shown on next 2 slides)
 - Can submit changed WD- 10. CS number will be assigned to WD-10 when submitted
 - Can re-save – changes will be saved to the WD-10 when resaved but PS number will remain same
 - HOWEVER, Not necessary to save every changed WD-10 if using the originally saved WD-10 as a template

Retrieving a Saved WD-10

Wage and Hour Division (WHD)

Report of Construction Contractor's Wage Rates Form WD-10

OMB No. 1235-0015 Expires 3/31/2014



Not sure how to fill out this form? Read the [instructions](#).

If you received a JavaScript Error message, click [here](#) for resolution.

If you need further assistance and would like to have someone contact you directly, please email us [mailto:WHD-Webmaster@dol.gov?subject=EWD-10 Web Application](mailto:WHD-Webmaster@dol.gov?subject=EWD-10%20Web%20Application).

[Click here](#) to go to WD-10 homepage.

[Click here](#) if you would like to clear out some of the sections which have already been filled.

* Required Information

1. Please indicate the full name, address, and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

* Name of Contractor/Subcontractor

CBAConstruction

* Address

1234 Apple Street

* City

Washington

* State

DC

* ZIP

20010

* Phone (202)555-1212

(888)888-8888

Extension 1234

Fax (202)555-1212

For a retrieved saved WD10, uncheck any boxes for data that you want to stay the same (data in checked boxes will be deleted) NOTE: Your saved WD-10 will always have the originally saved data- deleting this data will not change your saved WD-10

If you need to submit more WD-10 forms, you may clear some of the data you previously entered by checking the appropriate boxes below and clicking the "Clear Checked Sections Only" button. Or you may clear all of the data you previously entered by clicking the "Clear All Sections" button.

Section 1 - Contractor/Subcontractor

Section 4 - Wage Determination Type

Section 7 - Classification #1

Section 7 - Classification #2

Section 7 - Classification #3

Section 7 - Classification #4

Section 7 - Classification #5

Section 7 - Classification #6

Section 7 - Classification #7

Section 7 - Classification #8

Section 7 - Description of Additional Fringe

Section 2 - Submitter

Section 5 - Contract (except Subcontractors)

Section 8 - Remarks

Section 7 - Classification #9

Section 7 - Classification #10

Section 7 - Classification #11

Section 7 - Classification #12

Section 7 - Classification #13

Section 7 - Classification #14

Section 7 - Classification #15

Section 3 - Project

Section 6 - Construction Type

Subcontractors (all)

Clear Checked Sections Only

Clear All Sections