

2025 NONCONSTRUCTION SERVICES WAGE AND BENEFIT SURVEY
ANNUAL SURVEY FOR SETTING 2026 PREVAILING WAGE RATES
PLEASE SUBMIT BY JUNE 30, 2025

Survey Number
Business Name
Address
City State Zip Code

EMPLOYMENT STANDARDS DIVISION
MONTANA DEPARTMENT OF LABOR & INDUSTRY
P.O. Box 8011
Phone: (406) 444-6543
Helena, MT 59604-8011

Please enter data for skilled workers employed in the company's **peak month** of employment for each district work was performed for the period of March 31, 2024 through April 1, 2025. For your convenience, this form may be accessed online at <https://erd.dli.mt.gov/> under the Events and News section. Signatory contractors or contractors belonging to an association may have the business agent or association officer submit data in their place if more convenient. **If you have any questions, please contact Drew Zipperian at Drew.Zipperian@mt.gov.**

Thank you for your help.

PREVAILING WAGE DISTRICT

This refers to the worksite location. The state is divided into four prevailing wage districts. The map on the back of the cover letter will help you determine the proper district number. **Please make additional copies of this survey form if your firm worked in more than one district or if your firm has other locations in other districts.**

OCCUPATION

We are interested only in the occupations on the enclosed list. You do not need to include any others even though they may be commonly employed at the company. **Please do not include employees in an approved apprenticeship program or other formal training programs. Do not include owners, management, or office personnel not listed on the attached list of occupations.**

WAGE PER HOUR

Enter the hourly wage rate paid to employees for each occupation. Report different wage rates for the same occupation on a separate line. **Do not include any fringe benefits, incentive bonuses or overtime in the hourly wage rate.**

OF WORKERS AT THIS WAGE RATE

Enter the number of employees paid at each wage rate.

BENEFITS PER HOUR

Please show any bona fide **employer paid** benefits paid/contributed to approved plans, funds or programs for each employee except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, Social Security contributions, etc.). This **only** includes the following benefits: health insurance, life insurance, pension or retirement, vacation, holidays, sick leave, and the costs of defraying apprenticeship or other similar programs.

How to calculate hourly benefit amounts.

Health and Life Insurance

Employer cost of providing health and life insurance is \$500/month and employee is full time.
 $\$500 \times 12 \text{ months} = \$6,000/\text{year}$
 $\$6,000/2,080 \text{ hours} = \mathbf{\$2.89/\text{hour}}$

Pension Example

Employer contributes .0796% of employee's hourly wage to the employee's pension plan. Employee makes \$15/hour.
 $\$15 \times .796 = \mathbf{\$1.20/\text{hour}}$

401 K Example

Employer has a 401K plan and contributes 20% of what employee contributes. Employee makes \$15/hour and contributes 10% of his hourly wage.
 $\$15 \times .10 = \$1.50/\text{hour}$ (employee contribution)
 $\$1.50 \times .20 = \mathbf{\$.30/\text{hour}}$ (employer amount)

Vacation, Holiday and Sick Leave Example

Employee accumulates 2 weeks of vacation, 1 week of sick leave, and 6 holiday days in calendar year. Employee makes \$15/hour and is full time.
2 weeks of vacation, 1 week of sick and 6 holiday days = 168 hours.
 $168 \text{ hours} \times \$15.00/\text{hour} = \$2,520$
 $\$2,520/2080 = \mathbf{\$1.22/\text{hour}}$

OF WORKERS AT THIS BENEFIT RATE

Enter the number of employees paid at each benefit rate.

Mark this box if your company/employer does not employ any of the occupations on the occupation attachment.

PREVAILING WAGE DISTRICT #_____ (The state is divided into four prevailing wage districts. The map on the back of the cover letter will help you determine the proper district number. **Please fill out this survey form for each district in which your company performed nonconstruction services.**)

Occupation	Wage Per Hour	# Of Workers At This Wage Rate	Benefits Per Hour	# Of Workers At This Benefit Rate
Example: Cook	\$12.00	5	\$5.00	5

TRAVEL AND PER DIEM Please include a note showing rates for employee travel and/or per diem. Please show travel ranges if necessary, i.e., 0-30 miles, >30-50 miles, etc. You may include a copy of the company policy if more convenient.

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In case we have any questions, please provide your name and title, date, signature, and telephone number. **We cannot accept information without a signature.**

Printed Name and Title	Date
Signature	Work Telephone Number
Please Provide Your Work Email Address	