

April 2, 2010

FILED

Sent Certified Mail
Missouri Labor Commission
3315 W. Truman Blvd.
P.O. Box 599
Jefferson City, MO 65102-0449

APR - 2 2010

LABOR AND INDUSTRIAL
RELATIONS COMMISSION

RE: Objections to Initial Prevailing Wage Order; Lafayette, Camden and Holt
Counties; International Union of Painters and Allied Trades, District Council No.
3 of Greater Kansas City and Vicinity; Our File No. P003.0007

To Whom It May Concern:

The undersigned serves as counsel to the International Union of Painters and Allied Trades, District Council No. 3 of Greater Kansas City and Vicinity. On behalf of my clients, I wish to file an objection to the Annual Wage Order No. 17 (AWO), which was sent to the Missouri Secretary of State's Office on or about March 10, 2010. My clients wish to object to wage and fringe benefit rates for the position of "Painter" in Lafayette County, Missouri and the position of "Glazier" in Camden and Holt Counties in Missouri. My clients have obtained Contractor's Reports of Construction Wage Rates for work performed in 2009 in those respective counties and by individuals in those respective positions demonstrating that the wage rates contained in the AWO are incorrect. The following outlines the wage rates contained in the AWO compared to the actual wages paid in 2009 for those positions as evidenced in the Contractor's Reports, which were obtained by my clients; and are attached hereto:

<u>County</u>	<u>Position</u>	<u>Hourly Rate</u>	<u>Fringe Benefit Rate</u>
Lafayette	Painter	\$27.05 (AWO)	\$.65 (AWO)
		\$28.77 (Warren Moore)	\$15.03 (Warren Moore)
Camden	Glazier	\$15.75 (AWO)	\$2.23 (AWO)
		\$25.10 (Dugan Glass)	\$15.57 (Dugan)
		\$25.90 (Dugan Glass)	\$14.77 (Dugan)
Holt	Glazier	\$14.50 (AWO)	\$2.11 (AWO)
		\$26.61 (Wesley Glass)	\$14.32 (Wesley)

Please note that a copy of this objection has also been forwarded to the Division of Labor Services, P.O. Box 449, Jefferson City, Missouri 65102-0449, in accordance with 8 CSR 20-5.010(1).

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I appreciate your time in reviewing this information. Please forward any future correspondence regarding this matter to me at the following address:

McCauley & Roach, LLC
8080 Ward Parkway, Suite 206
Kansas City, Missouri 64114.
smccauley@mrlaborlaw.com

If you have questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Sean P. McCauley", with several loops and a long horizontal stroke extending to the right.

Sean P. McCauley

SPM/keb
cc: Mike Williams
Dave McCabe
Division of Labor Standards



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF LABOR STANDARDS
CONTRACTOR'S REPORT OF CONSTRUCTION WAGE RATES

Contractor's Name, Address and Telephone Number Warren Moore Painting 9600 west 104th street Overland Park KS 66212		Cost and Location of Project Odessa Upper Elementary County <u>Lafayette</u>	
Dates of Work Reported Below Beginning <u>3 / 01 / 09</u> Ending <u>7 / 31 / 09</u>		Description Type of Construction <input checked="" type="checkbox"/> Building <input type="checkbox"/> Heavy <input type="checkbox"/> Highway	
Date Construction Began Percent Completed To Date Complete		E-mail: <u>wmoorepainting</u> Website: _____	

Occupational Title(s)	No. of Employees	Total Hours	Basic Hourly Rate	Hourly Fringe Benefits Payments						
				H & W	Pension	Vacation	App. Tr.	Suppl.	Holiday	Other
Painters	4	1,500	28.77	5.84	6.60	2.00	.05	.54		

Certification

To the best of my knowledge, information and belief, I hereby certify that the number of hours, basic hourly rate, and fringe benefit payments listed above are true and correct and that the type of work performed by the number of employees identified above, relative to the Occupational Title(s) reported, is consistent with 3 CSR 30-3.060. I further recognize that any false statement or declaration made herein is punishable under Section 575.060, RSMo 1994, as a class B misdemeanor.

Warren Moore
 (Please check appropriate box)
 Signature of Contractor's Representative Who Prepared This Report
 Signature of Preparer of This Report

Date 03/28/2010
 Printed Name Warren Moore
 Title Manager

Mail or fax completed form to:
 Missouri Department of Labor and Industrial Relations
 DIVISION OF LABOR STANDARDS
 Attn: Prevailing Wage Section
 P.O. Box 449
 Jefferson City, MO 65102-0449

Phone: 573-751-3403
 Fax: 573-751-3721
 E-mail: prevailingwage@dolir.mo.gov
 Website: www.dolir.mo.gov/ls



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF LABOR STANDARDS
CONTRACTOR'S REPORT OF CONSTRUCTION WAGE RATES

Contractor's Name, Address and Telephone Number Dugan Glass Co. P.O. Box 1265 Sedalia, MO 65301 660-827-4910		Cost and Location of Project Osage School County <u>Camden</u>	
Dates of Work Reported Below Beginning <u>02 / 24 / 2009</u> Ending <u>05 / 15 / 2009</u>		Description Type of Construction <input checked="" type="checkbox"/> Building <input type="checkbox"/> Heavy <input type="checkbox"/> Highway	
Date Construction Began	Percent Completed To Date	E-mail: _____ Website: _____	

Occupational Title(s)	No. of Employees	Total Hours	Basic Hourly Rate	Hourly Fringe Benefits Payments						
				H & W	Pension	Vacation	App. Tr.	Suppl.	Holiday	Other
Glazier	1	16.5	25.90	5.95	7.80		.32			.70

Certification

To the best of my knowledge, information and belief, I hereby certify that the number of hours, basic hourly rate, and fringe benefit payments listed above are true and correct and that the type of work performed by the number of employees identified above, relative to the Occupational Title(s) reported, is consistent with 8 CSR 30-3.060. I further recognize that any false statement or declaration made herein is punishable under Section 575.060, RSMo 1994, as a class B misdemeanor.

David L. McCabe
 (Please check appropriate box)

- Signature of Contractor's Representative Who Prepared This Report
- Signature of Preparer of This Report

Date 03/24/2010
 Printed Name David L. McCabe
 Title Business Representative

Mail or fax completed form to:
 Missouri Department of Labor and Industrial Relations
 DIVISION OF LABOR STANDARDS
 Attn: Prevailing Wage Section
 P.O. Box 449
 Jefferson City, MO 65102-0449

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 Website: www.dolir.mo.gov/ls



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS

CONTRACTOR'S REPORT OF CONSTRUCTION WAGE RATES

Contractor's Name, Address and Telephone Number Dugan Glass Co. P.O. Box 1265 Sedalia, MO 65301 660-827-4910	Cost and Location of Project Osage School County <u>Camden</u>
Dates of Work Reported Below Beginning <u>07 / 07 / 2009</u> Ending <u>07 / 08 / 2009</u>	Description Type of Construction <input checked="" type="checkbox"/> Building <input type="checkbox"/> Heavy <input type="checkbox"/> Highway
Date Construction Began _____ Percent Completed To Date _____	E-mail: _____ Website: _____

Occupational Title(s)	No. of Employees	Total Hours	Basic Hourly Rate	Hourly Fringe Benefits Payments						
				H & W	Pension	Vacation	App. Tr.	Suppl.	Holiday	Other
Glazier	1	18	25.10	5.95	8.60		.32			.70

Certification

To the best of my knowledge, information and belief, I hereby certify that the number of hours, basic hourly rate, and fringe benefit payments listed above are true and correct and that the type of work performed by the number of employees identified above, relative to the Occupational Title(s) reported, is consistent with 8 CSR 30-3.060. I further recognize that any false statement or declaration made herein is punishable under Section 575.060, RSMo 1994, as a class B misdemeanor.

David L. McCabe

(Please check appropriate box)
 Signature of Contractor's Representative Who Prepared This Report
 Signature of Preparer of This Report

Date 03/24/2010
 Printed Name David L. McCabe
 Title Business Representative

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MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS

CONTRACTOR'S REPORT OF CONSTRUCTION WAGE RATES

Contractor's Name, Address and Telephone Number Wesley's Glass Co. 631 S. 6th Street St. Joseph, MO 64505 816-364-2469	Cost and Location of Project South Holt Schools County <u>Holt</u>
Dates of Work Reported Below Beginning <u>12 / 21 / 2009</u> Ending <u>01 / 01 / 2010</u>	Description Type of Construction <input checked="" type="checkbox"/> Building <input type="checkbox"/> Heavy <input type="checkbox"/> Highway
Date Construction Began _____ Percent Completed To Date _____	E-mail: _____ Website: _____

Occupational Title(s)	No. of Employees	Total Hours	Basic Hourly Rate	Hourly Fringe Benefits Payments						
				H & W	Pension	Vacation	App. Tr.	Suppl.	Holiday	Other
Glazier	6	512	26.61	5.95	7.05		.27			1.05

Certification

To the best of my knowledge, information and belief, I hereby certify that the number of hours, basic hourly rate, and fringe benefit payments listed above are true and correct and that the type of work performed by the number of employees identified above, relative to the Occupational Title(s) reported, is consistent with 8 CSR 30-3.060. I further recognize that any false statement or declaration made herein is punishable under Section 555.060, RSMo 1994, as a class B misdemeanor.

David L. McCabe
 (Please check appropriate box)
 Signature of Contractor's Representative Who Prepared This Report
 Signature of Preparer of This Report

Date 03/24/2010
 Printed Name David L. McCabe
 Title Business Representative

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