

**REQUEST FOR AUTHORIZATION OF
ADDITIONAL CLASSIFICATION AND RATE**

CHECK APPROPRIATE BOX
☒ SERVICE CONTRACT
☐ CONSTRUCTION CONTRACT

OMB No.: 9000-0089
Expires: 02/28/96

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0089), Washington, DC 20503.

NOTE: THE CONTRACTOR SHALL COMPLETE ITEMS 3 THROUGH 16 AND SUBMIT THE REQUEST, IN QUADRUPLICATE, TO THE CONTRACTING OFFICER

1. TO: ADMINISTRATOR, Employment Standards Administration WAGE AND HOUR DIVISION U.S. DEPARTMENT OF LABOR WASHINGTON, D.C. 20210		2. FROM: (REPORTING OFFICE)		
3. CONTRACTOR			4. DATE OF REQUEST	
5. CONTRACT NUMBER DROIGSA-10-0002	6. DATE BID OPENED (SEALED BIDDING)	7. DATE OF AWARD 01/01/2012	8. DATE CONTRACT WORK STARTED 01/01/2012 *	9. DATE OPTION EXERCISED (IF APPLICABLE) (SCA ONLY)
10. SUBCONTRACTOR (IF ANY) CCA				

11. PROJECT AND DESCRIPTION OF WORK (ATTACH ADDITIONAL SHEET IF NEEDED)

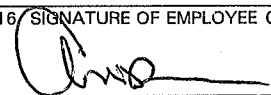
Correctional confinement services for Federal inmates to include custody, control, accountability, medical and subsistence services.

12. LOCATION (CITY, COUNTY AND STATE)

T Don Hutto Residential Center, Taylor, Williamson County, Texas

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: 2011-0218, Revision 6	DATED: 07/15/2014	
a. LIST IN ORDER: PROPOSED CLASSIFICATION TITLES(S); JOB DESCRIPTION(S); DUTIES; AND RATIONALE FOR PROPOSED CLASSIFICATIONS (SCA ONLY)	b. WAGE RATE(S)	c. FRINGE BENEFITS PAYMENTS
<i>(Use reverse or attach additional sheets, if necessary)</i> Proposed Classification Title: Master Scheduler FGE = GS-6 Description: The Master Scheduler is responsible to plan, staff and schedule personnel resources according to applicable policies, standards and contract requirements. Ensures adequate coverage of all security posts and essential positions and is also responsible to monitor all workforce management processes at the local facility level. Manages schedule/shift adjustments to optimize schedule adherence and provide overall staffing efficiencies. A complete job description is attached. Rationale: This position falls under the Administrative Support and Clerical Occupations category and is comparable to a GS-6 level position. We identified one occupation in the same occupational category included in the current incorporated contract specific wage determination, with the same FGE as the occupation to be conformed; the Secretary III, for which the required wage rate is \$16.73 per hour. Based on that analysis, we propose that the Master Scheduler position be conformed at a wage rate of \$16.73 per hour. Methodology is also attached.	\$16.73	\$3.81

14. SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE (IF ANY) Natasha K. Metcalf Vice President, Partnership Development	15. SIGNATURE AND TITLE OF PRIME CONTRACTOR REPRESENTATIVE TITLE Master Scheduler	
16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE 	CHECK APPROPRIATE BOX-REFERENCING BLOCK 13. <input checked="" type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE	

TO BE COMPLETED BY CONTRACTING OFFICER (CHECK AS APPROPRIATE - SEE FAR 22.1019 (SCA) OR FAR 22.406-3 (DBA))

- ☐ 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 copies 1, 2, and 3 to Department of Labor)

SIGNATURE OF CONTRACTING OFFICER OR REPRESENTATIVE	TITLE AND COMMERCIAL TELEPHONE NO.	DATE SUBMITTED
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