

Bureau of Public Work

| For Office Use Only | | | | | | |
|-----------------------|------|--|--|--|--|--|
| Case ID number | Date | | | | | |
| County | | | | | | |
| PRC Number | | | | | | |
| Assigned Investigator | | | | | | |
| Mailed by | Date | | | | | |

| 1. Your name and address | |
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Claim for Wage and/or Supplement Underpayment on a Public Work Project Labor Law Section 220

| Answer all questions - Type or print - | We will return incomplete claims - District Offices on back - |
|---|--|
| Social Security Number (optional) 3. Phone numbers & e-mai Day: () | 9. Date you started work on this project: |
| Evening: () E-Mail: | 10. What is your hourly rate of pay? |
| 4. Employer | 11. Did you get a form of compensation other than the |
| Name: | hourly rate? Yes No If Yes, Explain: |
| Address: | |
| | 12. How were wages Paid? |
| Phone: () Was your contractor a: Prime Sub-contractor | ☐ Cash ☐ Check |
| If sub-contractor, Prime's name: | Other |
| | 13. Were you required to return any part of your wages? |
| 5. Your superintendent or Foreman on the job site: | ☐Yes ☐No If Yes, Explain: |
| 6. What is your complaint: Undernoid wages, evertime, etc. | |
| 6. What is your complaint: Underpaid wages, overtime, etc. | |
| | 14. Did you work on any Saturday, Sunday, or Holiday? ☐ Yes ☐ No If Yes, Explain: |
| | |
| 7. Project description and exact location: | |
| (Street, route, intersection, town, village, county) | If "yes", give hourly rates of pay: Saturday |
| | Sunday |
| | Holiday |
| | 15. Does your employer give any benefits? |
| | Yes No If "Yes", check the boxes that apply |
| 8. Describe your work activities at the job site: build forms, operate | d bulldozers Holiday Pay Pension |
| etc.) | Vacation Pay Health Insurance |
| | Other (specify): |
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| 16. Did you ask for these wages? | 17 To whom did you | o roquos | quost? | | | | | | | | |
|---|---|---|--|----------|-----------|----------|----------------------|----------|-----------------|-----------|--|
| Yes No | 17. To whom did you make the request? | | | | | 18. | 18. Date of request: | | | | |
| 19. Did the employer refuse to pay these | e wages? | 20. Did you get any checks the bank would not honor? | | | | | | | | | |
| ☐Yes ☐No | · · | | Yes □No | | | | | | | | |
| If "Yes," give the employer's reasons for | refusing: | | If 'Yes," include photocopies of the check(s). | | | | | | | | |
| ii ree, give the employer e reasons for | rordonig. | | ii 100, iiioluud piiotooopida oi tiid diidok(a). | | | | | | | | |
| | | | | | | | | | | | |
| 21. When did you start working for this employer? | | 22. How many other jobs have you worked with this employer? | | | | | | | | | |
| 23. How many people do you work with at this jobsite? | | | 24. How many people work for this employer? | | | | | | | | |
| 25. To the best of your ability, fill out the | e chart below for all disp | outed pay | / period: | s. Use | more pa | aper if | needed | | | | |
| Occupation | Payroll week | | N | umber | of hours | s worked | | | Total | Hourly | |
| (Carpenter, plumber, etc.) | Ending date | М | Т | W | Т | F | S | S | weekly hours | rate paid | |
| | | | | | | | | | | | |
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| Attach photocopies of any pay stubs | s. If you kept a job jo | urnal, at | tach ph | otocor | oies of | it as w | ell. | | | • | |
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| 26. I certify that the statements give | en above are true. | | | | | | | | | | |
| | | | | | | | | | | | |
| Signature | | | Print name Date | | | | | | | | |
| | | | | | | | | | | | |
| | Submit comple | ated clair | ms to tl | ne nee | rest off | ice | Date | | | | |
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