NEW YORK STATE OF OPPORTUNITY. | **Department of Labor**

Bureau of Public Work

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 -

2. Social Security Number (optional)	9. Date you started work on this project:
3. Phone numbers & e-mail address Day: ( ) Evening: ( ) E-Mail:	10. What is your hourly rate of pay?

4. Employer
   Name:
   Address:
 	
   Phone: (   )
Was your contractor a: ☐Prime   ☐Sub-contractor
If sub-contractor, Prime's name:
	11. Did you get a form of compensation other than the hourly rate? ☐Yes ☐No If Yes, Explain:

	12. How were wages Paid? ☐Cash ☐Check ☐Other
5. Your superintendent or Foreman on the job site:	13. Were you required to return any part of your wages? ☐Yes ☐No If Yes, Explain:
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 ☐Holiday Pay ☐Pension ☐Vacation Pay ☐Health Insurance ☐Other (specify):
8. Describe your work activities at the job site: build forms, operated bulldozers, etc.)	

16. Did you ask for these wages? ☐Yes ☐No	17. To whom did you make the request?	18. Date of request:

19. Did the employer refuse to pay these wages? ☐Yes ☐No If "Yes," give the employer's reasons for refusing:	20. Did you get any checks the bank would not honor? ☐Yes ☐No If 'Yes,' include photocopies of the check(s).
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 chart below for all disputed pay periods. Use more paper if needed.

Occupation (Carpenter, plumber, etc.)	Payroll week Ending date	Number of hours worked							Total weekly hours	Hourly rate paid
		M	T	W	T	F	S	S		

Attach photocopies of any pay stubs. If you kept a job journal, attach photocopies of it as well.

26. I certify that the statements given above are true.

_____
Signature

_____
Print name

_____
Date

Submit completed claims to the nearest office