

LABOR STANDARDS INTERVIEW

CONTRACT NUMBER AND LOCATION			EMPLOYEE INFORMATION		
			LAST NAME	FIRST NAME	MI
NAME OF PRIME CONTRACTOR			STREET ADDRESS		
NAME OF EMPLOYER			CITY	STATE	ZIP CODE
SUPERVISOR'S NAME			WORK CLASSIFICATION		WAGE RATE
LAST NAME	FIRST NAME	MI			

ACTION	CHECK BELOW	
	YES	NO
Do you work over 8 hours per day?		
Do you work over 40 hours per week?		
Are you paid at least time and a half for overtime hours?		
Are you paid for all hours worked?		
Do you receive a 30-minute break for every 6 hours worked?		
Have you ever been threatened or coerced into giving up any part of your pay?		
Are you receiving any cash payments for fringe benefits required by the posted wage determination decision?		

Examples of "bona fide" fringe benefits include (but are not limited to) life insurance, health insurance, pension, vacation, holidays, and sick leave

WHAT DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY ARE MADE FROM YOUR PAY?

HOW MANY HOURS DID YOU WORK ON YOUR LAST WORK DAY BEFORE THIS INTERVIEW?	DUTIES PERFORMED	TOOLS USED
DATE OF LAST WORK DAY BEFORE INTERVIEW (YYMMDD)		
WHEN DID YOU BEGIN WORK ON THIS PROJECT? (YYMMDD)		

I HAVE READ THE ABOVE AND CERTIFY IT TO BE CORRECT TO THE BEST OF MY KNOWLEDGE

EMPLOYEE'S SIGNATURE X	DATE (YYMMDD)
INTERVIEWER'S SIGNATURE	DATE (YYMMDD)

INTERVIEWER'S COMMENTS

WORK EMPLOYEE WAS DOING WHEN INTERVIEWED	ACTION <i>(If explanation is needed, use comments section)</i>	YES	NO
	IS EMPLOYEE PROPERLY CLASSIFIED AND PAID?		
	ARE WAGE RATES AND POSTERS DISPLAYED?		

FOR USE BY PAYROLL CHECKER

IS ABOVE INFORMATION IN AGREEMENT WITH PAYROLL DATA? YES NO

COMMENTS

CHECKER			
LAST NAME	FIRST NAME	MI	JOB TITLE
SIGNATURE			DATE (YYMMDD)