

GENERAL SERVICES AGENCY

OFFICE OF LABOR STANDARDS ENFORCEMENT

DONNA LEVITT, MANAGER

**MCO/HCAO Employee Questionnaire & Declaration in Support of Claim**

Employee Name: _____ Date: _____

Employee Phone Number: _____ Business Name: _____

Employee Email: _____ Business Phone Number: _____

Employee Address: _____ Business Address: _____

City Department awarding this contract (if you know): _____

1. Briefly describe why you are submitting this complaint (for example, "I'm not being paid the required minimum compensation", or "I'm not receiving health insurance from my employer")

YOUR JOB

2. When did you begin to work for this employer? *Include the starting date.*

3. Are you still employed by this employer? YES or NO

If NO, when was your last day of work?

If NO, why are you no longer working for this employer?

4. What is your position or description of your duties (for example, driver, cook, etc.)?

HOURS

5. Who sets your schedule and supervises your work?

6. Do you have records of the hours you work? YES or NO

7. Are you required to record your start and end time? YES or NO

If YES, do you punch in and out on a time clock or do you use a hand-written time sheet/time card?

If NO, explain how your hours are tracked.

8. List your regular work schedule below. *If you punch in and out multiple times during the day, list that in the space provided.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							

9. If you do not have a regular work schedule each week, how many hours per week do you work, on average?

WAGES

10. What is your rate of pay?

11. Has your rate of pay changed over time? YES or NO

If YES, list the start and end dates during which you received each pay rate.

12. Have you been paid for all hours worked? YES or NO

If NO, explain.

13. Do you receive one-and-a-half your regular rate of pay when you work more than 8 hours in a day or 40 hours in a week? YES or NO

14. Are you paid by check, in cash, or both?

15. Do you have any pay stubs or receipts? YES or NO

16. When is your regular payday?

BREAKS

17. Does this employer provide you with meal breaks? YES or NO

If YES, how much time are you provided?

18. Does this employer provide you with any other breaks during your workday? YES or NO

If YES, how many breaks are you provided and for how long?

BENEFITS

19. Does your employer provide you with health insurance? YES or NO

If YES, (a) What insurance company?

(b) Do you have to pay any part of the premium?

(c) What date did your coverage begin?

20. Do you receive **paid** time off (e.g. vacation, holidays, sick leave)? YES or NO

If YES, how many days per year?

21. Can you take **unpaid** time off? YES or NO

If YES, how many days per year?

COLLECTIVE BARGAINING

22. Are you a member of a union? YES or NO

If YES, (a) What is the name of your union local?

(b) Do you have a copy of your collective bargaining agreement (union contract)?

(c) What is the name of your business agent / union rep?

RETALIATION / CONFIDENTIALITY

23. Have you ever complained or asked your employer questions about your pay or benefits? YES or NO

If YES, please provide the date of your inquiry/complaint, the name and title of who you talked to, and their response:

24. Has your employer ever retaliated against you for raising issues about your pay or benefits?
YES or NO

If YES, please describe what happened:

25. Do you wish to keep this complaint anonymous (i.e. keep your name confidential from your employer)?

- ☐ Yes, I want to keep this complaint confidential.
☐ No, it is OK for my employer to know I submitted this complaint.
☐ It doesn't matter. I don't care if my employer knows that I submitted this complaint.

WITNESSES

26. How many employees work for your employer?

27. What are the names of some of your co-workers? *Please provide contact information.*

28. Are there any other witnesses or any other evidence that would help you substantiate your case? *(For example, names of regular customers or delivery drivers, group photographs, etc.)*

29. Do you have anything else to add?

I declare under penalty of perjury that the above statement is true and correct to the best of my knowledge.

Employee Signature: _____

Date: _____

Interviewed by: _____

Date: _____

Organization: _____