LABOR STANDARDS INTERVIEW

PRIVACY ACT NOTICE: Collection of the requested Provisions, but you are not required to supply the verifying the Contractor;s compliance with the Da Copeland (anti-Kickback) Act.	information. Ar	ny information you furnish will be used only	for the purpo	se of	
CONTRACT NUMBER		EMPLOYEE'S NAME AND ADDRESS (Include Zip Code)			
PRIME CONTRACTOR					
EMPLOYER		WORK CLASSIFICATION BASIC HOURLY RATE		RLY RATE	
			\$	\$	
		SUPERVISOR'S NAME			
EMPLOYEE'S COMMENTS			YES	NO	
Do you work over eight hours per day?					
Do you work over forty hours per week?					
Are you paid at least time and a half for overtime hours?					
Are you receiving fringe benefits required by the posted	wage decisions?				
LIST DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY PAYMENT NUMBER OF HOURS WORKED ON LAST WORKDAY BEFORE THIS INTERVIEW			DATE W	DATE WORKED	
DESCRIBE WORK YOU PERFORMED ON THIS CONTRACT					
LIST TOOLS USED			l l	DATE YOU BEGAN WORK ON PROJECT	
I have read the above	ve and certify it to	be correct to best of my knowledge.			
	DATE INTERVIEW'S SIGNATURE			DATE	
INTERVIEWER'S COMMENTS				NO	
Is the employee properly classified and paid? (If more space is needed, use reverse.)					
Are wage rates and poster displayed?					
What work was employee doing when interviewed?					
FOR USE BY PAYROLL CHECKER			YES	NO	
Is the above information in agreement with payroll data?					
COMMENTS (If additional space is needed use reverse)	ı				
SIGNATURE	NAME AND TITLE		DATE OF CHECK		