

LABOR STANDARDS INTERVIEW

FORM APPROVED OMB NUMBER

9000-0089

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to FAR Secretariat (CRS), Office of Federal Acquisition Policy, GSA, Washington DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0089), Washington, DC 20503.

CONTRACT NUMBER	EMPLOYEE'S NAME (Last, First, Middle Initial)	
NAME OF PRIME CONTRACTOR	EMPLOYEE'S ADDRESS (Street, City, State, and ZIP Code)	
NAME OF EMPLOYER	WORK CLASSIFICATION	WAGE RATE
	SUPERVISOR'S NAME (Last, First, Middle Initial)	

	(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 RECEIVING ANY CASH PAYMENTS FOR FRINGE BENEFITS REQUIRED BY THE POSTED WAGE DETERMINATION DECISION?		
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?
 HOURS: _____ WHAT DATE (YYMMDD) WAS THAT? _____

WHAT TOOLS DID YOU USE? _____

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

INTERVIEWER'S COMMENTS

WORK EMPLOYEE WAS DOING WHEN INTERVIEWED _____

IS EMPLOYEE PROPERLY CLASSIFIED AND PAID? (If additional space is needed, use comments section)
 YES NO

ARE WAGE RATES AND POSTERS DISPLAYED?
 YES NO

IS ABOVE INFORMATION IN AGREEMENT WITH PAYROLL DATA?
 YES NO

COMMENTS _____

DATE OF CHECK (YYMMDD)	NAME OF CHECKER (Last First, M.I.)	JOB TITLE	SIGNATURE
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