

WE ARE YOUR DOL



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. • We will return incomplete claims. • Type or print. • Mail to local office; addresses are on page 2.

2. Social Security Number (optional)	3. Your phone numbers & address: Day: Evening:	9. Date you started work on this project:
4. Employer Name: Address: Phone: Was your contractor a: <input type="checkbox"/> Prime <input type="checkbox"/> Sub-contractor If sub-contractor, Prime's name:		10. What is your hourly rate of pay?
		11. Did you get a form of compensation other than the hourly rate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:
		12. How were wages Paid? <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other
5. Your superintendent or foreman on the job site:	13. Were you required to return any part of your wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:	
6. What is your complaint: underpaid wages, overtime, etc.:	14. Did you work on any Saturday, Sunday, or Holiday? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give hourly rates of pay: Saturday Sunday Holiday	
7. Project description and exact location: street, route, intersection, town, village, count:	15. Does your employer give any benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", check the boxes that apply <input type="checkbox"/> Holiday Pay <input type="checkbox"/> Pension <input type="checkbox"/> Vacation Pay <input type="checkbox"/> Health Insurance <input type="checkbox"/> Other (specify):	
8. Describe your work activities at the job site: build forms, operated bulldozers, etc.)		

16. Did you ask for these wages <input type="checkbox"/> Yes <input type="checkbox"/> No	17. To whom did you make the request?	18. Date of request:
19. Did the employer refuse to pay these wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give the employer's reasons for refusing:		20. Did you get any checks the bank would not honor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," include copies of the check(s).
21a. When did you start working for this employer? 21b. Are you still working for this employer? Yes No	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 above statements are true and authorize the Commissioner of Labor to commence an action on my behalf as provided under Labor Law Section 220-g.**

Signature _____ Date _____

Print name _____

Submit your completed claim to the nearest office at **NYS Department of Labor, Bureau of Public Work:**

- State Campus, (Albany Office)
 Room 134B, Building 12
 Albany, NY 12226
 (518) 457-2744
- Buffalo District Office
 295 Main Street
 Suite 904
 Buffalo, NY 14203
 (716) 847-7159
- State Office Building
 163 West 125th Street
 Room 1307
 New York, NY 10027
 (212) 932-2304
- 333 East Washington Street
 Room 419
 Syracuse, NY 13202
 (315) 428-4056
- State Campus, (Strike Force)
 Room 134A, Building 12
 Albany, NY 12226
 (518) 457-3248
- 400 Oak St., Suite 102
 Garden City, NY 11530
 (516) 228-3915
- 160 South Ocean Avenue
 2nd Floor
 Patchogue, NY 11772
 (631) 687-4882
- 207 Genesee Street
 Room 603B
 Utica, NY 13501
 (315) 793-2314
- 44 Hawley Street
 Room 908
 Binghamton, NY 13901
 (607) 721-8005
- The Maple Building
 3 Washington Center
 4th Floor
 Newburgh, NY 12550
 (845) 568-5287
- 109 South Union Street
 Room 312
 Rochester, NY 14607
 (585) 258-4505
- 120 Bloomingdale Road
 Room 204
 White Plains, NY 10605
 (914) 997-9507