

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:
		10. What is your hourly rate of pay?
4. Employer Name: Address: Phone: Was your contractor a: <input type="checkbox"/> Prime <input type="checkbox"/> Sub-contractor If sub-contractor, Prime's name:		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 12240
(518) 457-2744
- State Campus, (Strike Force)
Room 134A, Building 12
Albany, NY 12240
(518) 457-3248
- 44 Hawley Street
Room 908
Binghamton, NY 13901
(607) 721-8005
- Buffalo Career Center
284 Main Street
Buffalo, NY 14202
(716) 847-7159
- 400 Oak St., Suite 102
Garden City, NY 11530
(516) 228-3915
- The Maple Building
3 Washington Center
4th Floor
Newburgh, NY 12550
(845) 568-5287
- State Office Building
163 West 125th Street
Room 1307
New York, NY 10027
(212) 932-2304
- 160 South Ocean Avenue
2nd Floor
Patchogue, NY 11772
(631) 687-4882
- 109 South Union Street
Room 312
Rochester, NY 14607
(585) 258-4505
- 333 East Washington Street
Room 419
Syracuse, NY 13202
(315) 428-4056
- 207 Genesee Street
Room 603B
Utica, NY 13501
(315) 793-2314
- 120 Bloomingdale Road
Room 204
White Plains, NY 10605
(914) 997-9507