## NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT DIVISION OF WAGE AND HOUR COMPLIANCE

	JERSEY 08625-0389		
PLEASE ANSWER ALL QUESTIONS.	CASE NO.:		
I request the Commissioner of Labor and Workforce Dev supplied in this complaint form and advise me of the results of the		e the claim indicated by the information	
PLEASE TYPE OR PRINT LEGIBLY IN CO			
ACCEPTANCE OF THIS CLAIM BY THE DEPAR	RIMENI DOES NO	I GUARANTEE COLLECTION	
	<u> INFORMATION</u>		
NAME (LAST) (FIRST)	(INITIAL)	SOCIAL SECURITY NUMBER	
NUMBER AND STREET ADDRESS		TELEPHONE NUMBER (Give Area Code)	
CITY STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER OR # WHERE MESSAGE CAN BE LEFT	
NAME OF EMPLOYER:		EMAIL:	
BUSINESS ADDRESS (NUMBER AND STREET)			
CITY STATE ZIP COL	DE COUNTY	TELEPHONE NUMBER	
EMPLOYER'S HOME ADDRESS (NUMBER AND STREET)			
CITY STATE ZIP CO	DE COUNTY	TELEPHONE NUMBER	
NATURE OF EMPLOYER'S BUSINESS IS:			
NAME OF CORPORATE OFFICERS / OWNER(S):			
Has the employer filed for bankruptcy?  Yes No If no, is the employer still in business?  Yes No If yes, have you submitted a Proof of Claim to the Bankruptcy Court?  Yes No			
DATE STARTED TO WORK DATE LAST WORKED	IF NO LONGE	ER EMPLOYED, WRITE THE REASON	
MY FINAL RATE OF PAY WAS: GROSS AMOUNT – PER HOUR: \$ PER DAY: \$ PER WEEK: \$			
I WORKED IN – CITY:	COUN	TY:	
THE KIND OF WORK I DID & TITLE:			
MY USUAL PAY-DAY WAS: MON. TUE. WE			
THE LAST WAGE PAYMENT I RECEIVED WAS: GROSS AM	IOUNT:\$	DATE RECEIVED:	
THE PERIOD OF TIME COVERED BY SUCH LAST PAYMENT WAS:			
THE TOTAL AMOUNT OF WAGES (BEFORE TAX DEDUCT	IONS) WHICH I BEL	IEVE IS DUE ME IS: \$	
THE PERIOD OF TIME FOR WHICH WAGES ARE DUE (LIST DATES AND HOURS)			

WERE YOU A MEMBER OF ANY UNION WHEN EMPLOYED IN THIS FIRM?  Yes No	IF "YES", GIVE NAME, LOCAL NO., ADDRESS, ZIP CODE AND TELEPHONE NO. OF UNION
HAVE YOU ASKED YOUR UNION FOR ASSISTANCE?  Yes No	IF "YES", WHAT ACTION HAS THE UNION TAKEN?
WERE YOU CLASSIFIED AS AN INDEPENDENT CONTRACTOR BY YOUR EMPLOYER?	IF "YES", HAVE YOU FILED A COURT ACTION?
DO YOU CONSIDER YOURSELF TO HAVE BEEN	N AN EMPLOYEE AND NOT AN INDEPENDENT CONTRACTOR? Yes No
	UR CLAIM ALL OF THE QUESTIONS LISTED BELOW MUST BE ANSWERED. IF ADDITIONAL DQUESTIONS ON A SEPARATE PIECE OF PAPER AND ATTACH IT TO THIS FORM.
1. WHAT PUBLIC WORKS PROJECT(S) F	HAVE YOU WORKED ON WHICH YOU ARE CLAIMING WAGES DUE?
	ATES AND TIMES YOU WORKED ON THE ABOVE LISTED PUBLIC WORKS PROJECT(S)? IF SO, S, HOURS AND JOB DUTIES ON EACH PROJECT.
3. WHAT TIME WERE YOU REQUIRED TO WORK?	TO START AND STOP WORK ON THE WORKSITE? WHAT TIME WERE YOU REQUIRED TO REPORT
4. DESCRIBE YOUR JOB DUTIES.	

5.	DID YOU RECEIVE A LUNCH PERIOD AND/OR BREAKS? IF SO, STATE THE AMOUNT OF TIME.
6.	DID YOU WORK WEEKENDS AND/OR HOLIDAYS ON THE PUBLIC WORKS PROJECT(S) LISTED ABOVE? IF SO, PLEASE PROVIDE THE DATES AND RATE OF PAY FOR THIS WORK.
7.	ARE YOU AN APPRENTICE WHO IS NOW ENROLLED AND ACTIVELY ATTENDING A VOCATIONAL EDUCATION FACILITY? IF SO, SPECIFY THE NAME OF THE EDUCATIONAL FACILITY YOU ARE ATTENDING, THE CRAFT AND NUMBER OF YEARS YOU HAVE BEEN APPRENTICED.
8.	DO YOU RECEIVE ANY BENEFITS? (i.e., VACATION, HOLIDAYS, SICK DAYS, VESTED PENSION OR PROFIT SHARING). IF SO, LIST THE BENEFIT AND THE AMOUNT RECEIVED FOR EACH.
9.	WHAT WOULD BE THE BEST TIME AND TELEPHONE NUMBER TO CONTACT YOU AT FOR ADDITIONAL INFORMATION ON YOUR CLAIM?
10.	DID YOU WORK ANY HOURS ON A NON-PUBLIC WORKS PROJECT(S) DURING THE SAME TIME PERIOD WHICH YOU ARE CLAIMING WAGES FOR? IF YES, PLEASE LIST THE NON-PUBLIC WORKS PROJECT(S).
SIGNATU	JRE: DATE: