| LABOR ST | ANDARI | S INTERVIEW | | | | |
|---|-------------|---|-------------|--|----------|--|
| CONTRACT NUMBER | LAST | NAME | | E INFORMATION FIRST NAME | | MI |
| FTC-218D NAME OF PRIME CONTRACTOR | | Makinen | | William | | 6 |
| | | ET ADDRESS | | THE OF T | | |
| Neese V NAME OF EMPLOYER | ^ | PIT | _ * | | | |
| Miranda Electric | CITY | | | STATE | ZIP CODE | -,- |
| SUPERVISOR'S NAME | /V | orth Pole | , | AK | | 705 |
| LAST NAME FIRST NAME | | K CLASSIFICATION | | WAGE RA | | |
| Gustaffson Kim | E | ectrical App | rentic | e 50% | | |
| ACT | | • | | | YES | NO 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? | | | | | V | |
| Are you receiving any cash payments for fringe benefits requ | | | mination d | ecision? | | |
| WHAT DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY ARE I | NADE FROM Y | OUR PAY? | | | | |
| HOW MANY HOURS DID YOU WORK ON YOUR LAST WORK DAY BEFOR | | TOOLS YOU USE | | | | |
| ihis interview? | Ċ.n.o | Conduct benders landers | | | | |
| DATE OF LAST WORK DAY BEFORE INTERVIEW (YYMMDD) | | duit bende | - 1 | 1acraev - | 2 | |
| 02-10-2-0 DATE YOU BEGAN WORK ON THIS PROJECT (YYMMDD) | gene | and electric | tods | | | |
| 05-13-20 | | | | | | |
| | RECT TO THE | BEST OF MY KNOWLE | DGE | | T= :== · | |
| EMPLOYFE'S SIGNAFURE | | | | | DATE (Y | |
| SIGNATURE (1) | TV | TYPED OR PRINTED NAME | | | DATE (Y | |
| INTERVIEWER | ' | | Jausti. | ^ | 02-1 | |
| INITED! | (IEMEDIC (| COMMENTS | 3/05/1 | | 102-1 | 100 |
| WORK EMPLOYEE WAS DOING WHEN INTERVIEWED | | | a needed we | o commonts soction) | T YES | I NO |
| | A | ACTION (If explanation is needed, use comments section) | | | 153 | NO |
| utilider Conduit work | ıs | IS EMPLOYEE PROPERLY CLASSIFIED AND PAID? | | | | |
| | AF | ARE WAGE RATES AND POSTERS DISPLAYED? | | | | |
| | BY PAYRO | LL CHECKER | | | | |
| IS ABOVE INFORMATION IN AGREEMENT WITH PAYROLL DATA? YES NO | | | | | | |
| COMMENTS | | 1. | M | 1: 1/4- | w) 0 4 | |
| 120 Requested copy of Employee | regist | mi morter | mpp re | mirce / irai | -46 | program |
| records via email to chr | ista, N | eosor, | | | | Benjano Not |
| | | | | | | completed |
| * | | | | | | waiting o |
| | | | | | | Info Fr |
| LAST NAME FIRST NAME | CHECKE | R JOB TITLE | A | 0 1 1 | | CTR |
| Groutage David | | A Const. | netia | Control | 7 | |
| SIGNATURE - | | | | | | |
| AUTHODIZED FOR LOCAL DEPRODUCTION | | | | STANDARD FORE | | |
| AUTHORIZED FOR LOCAL REPRODUCTION Previous edition not usable | | | | STANDARD FORM Prescribed by GSA - FAI | | |