

LABOR STANDARDS INTERVIEW

CONTRACT NUMBER FTG-218D		EMPLOYEE INFORMATION		
NAME OF PRIME CONTRACTOR Neeser		LAST NAME Ritter	FIRST NAME Jacob	MI
NAME OF EMPLOYER Miranda Electric		STREET ADDRESS X		
SUPERVISOR'S NAME		CITY X	STATE Vt	ZIP CODE X
LAST NAME Warfield	FIRST NAME Marty	MI	WORK CLASSIFICATION Electrical Apprentice	WAGE RATE 52

ACTION	CHECK BELOW	
	YES	NO
<input checked="" type="checkbox"/> Do you work over 8 hours per day?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Do you work over 40 hours per week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Are you paid at least time and a half for overtime hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Are you receiving any cash payments for fringe benefits required by the posted wage determination decision?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

WHAT DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY ARE MADE FROM YOUR PAY?
 Atlac once a month

HOW MANY HOURS DID YOU WORK ON YOUR LAST WORK DAY BEFORE THIS INTERVIEW?	TOOLS YOU USE	
<input checked="" type="checkbox"/> 10	Drill	Screw Driver
<input checked="" type="checkbox"/> 7/7/20 DATE OF LAST WORK DAY BEFORE INTERVIEW (YYMMDD)	Hammer	
<input checked="" type="checkbox"/> 04/20/19 DATE YOU BEGAN WORK ON THIS PROJECT (YYMMDD)	Sawball	

THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

EMPLOYEE'S SIGNATURE <input checked="" type="checkbox"/>		DATE (YYMMDD) 7/8/20
INTERVIEWER SIGNATURE 	TYPED OR PRINTED NAME Stephen Augustin	DATE (YYMMDD) 07-08-2020

INTERVIEWER'S COMMENTS

WORK EMPLOYEE WAS DOING WHEN INTERVIEWED checking grade/shoveling gravel in trench	ACTION (If explanation is needed, use comments section)	YES	NO
	IS EMPLOYEE PROPERLY CLASSIFIED AND PAID?	<input type="checkbox"/>	<input type="checkbox"/>
	ARE WAGE RATES AND POSTERS DISPLAYED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FOR USE BY PAYROLL CHECKER

IS ABOVE INFORMATION IN AGREEMENT WITH PAYROLL DATA?
 YES NO

COMMENTS

8/26/20
 Requested copy of Employee registration in Apprentice/Trainee program records via email to Chrissa, Neeser.
 Records for Apprenticeship Divided *8/26/20* - placed in Project Payroll file in RMS. *QY*

CHECKER

LAST NAME Grovtage	FIRST NAME David	MI A	JOB TITLE Construction Control Rep.
SIGNATURE 			DATE (YYMMDD) 8/26/20