MINIMUM WAGE RATE

File 111

TIER 2

(In Depth Review) To be combined with Tier 1 Interview Sheet.

DISTRIBUTION: ORGINAL- Project File

CONTRACTOR NAME	Prime Contractor	Subcontractor	PAYROLL PERIOD ENDING
CONTRACT ID	REGION/TRANSPORTAT	ION SERVICE CENTER (TSC)	INTERVIEWER
PROJECT ENGINEER	PROJECT LOCATION		INTERVIEW DATE

EMPLOYEE INFORMATION

NAME		SOCIAL SECUR	ITY NUMBER	ETHNICITY		GENDER		
		(Last four digits)				Male	Female	Nonbinary
ADDRESS				CONTACT NU	MBER			
				Cell Phone	Number:			
City	State	Zip Code		Home Pho	ne Number:			
PAYMENT OF FRINGES								
401K	YES	NO		PENSION	YES	NO		
WAGES	YES	NO		OTHER	YES	NO		
VACATION	YES	NO						
HEALTH/WELLFARE	YES	NO						
PAYROLL DEDUCTIONS								
Court Process: (Child support, a YES NO	alimony, court	ordered, other)	Employee pa YES	ys own health i NO	nsurance	Other Deductions YES	(Describe in NO	comments)
PAY STUB AVAILABLE?		YES	NO	ARE YOU PAI	D FOR ALL H	OURS WORKED?	YES	NO
ARE YOU AN APPRENTICE O	R TRAINEE?	YES	NO	LOAN PAYME	NT		YES	NO
ARE YOU PAID AT LEAST TIME AND 1/2 FOR ALL HOURS WORKED IN EXCESS OF 40					A WEEK?	YES	NO	
HAVE YOU EVER BEEN THRE	EATENED OR	COERCED INTO	GIVING UP AI	NY PART OF Y	OUR PAY?	YES	NO	
WORK CLASSIFICATION (WAGE RATE DECISION)								

DESCRIPTION OF WORK BEING PERFORMED OR EQUIPMENT USED

COMMENTS

Employees of the contractor are not to assist in language interpreting. MDOT has contracted over the phone interpretation services from Bromberg and Associates for these situations. A cell phone with speaker will be needed in order to use these services.

INSTRUCTIONS: Turn cell phone speaker on and dial **1-866-908-6137.** When the operator answers, tell them you are calling from MDOT. Give them this customer code – **MDOTHDY** and tell them the language that you need interpreted. Give them your name, phone number, and the name of your TSC, local agency, or consulting firm. The operator will connect you with an interpreter promptly.

		APPROVED BY (Project Engineer Stamp of Approval Noting Name, Date, and Time)	DATE
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