

PREVAILING WAGE CLAIM FORM

Please read the following information before answering any questions. The Department may take action only for the non-payment of wages for work performed on State or Federally funded highway projects. If the employer failed to pay the appropriate wage and if the claim appears to be one on which the Department can act, complete this form and return it to the Prevailing Wage Specialist, Mail Code E020, P.O. Box 30049, Lansing MI 48909.

Acceptance of this claim by the Department does NOT guarantee collection. Acceptance of this claim does not constitute validity of the claim. In case of a dispute, the claimant is responsible to substantiate the validity of the claim. No charges will be assessed for the services of the Department.

CONFIDENTIALITY: The identity of an employee who makes a wage claim shall not be disclosed in any manner to anyone other than Federal officials without prior consent of the employee per Federal regulations.

PLEASE PRINT

CLAIMANT DATA				EMPLOYER DATA			
NAME				BUSINESS NAME			
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
SOCIAL SECURITY NUMBER		DATE OF BIRTH		OWNER NAME			
TELEPHONE NUMBER - HOME (Include area code)				BUSINESS TYPE			
TELEPHONE NUMBER - WORK (Include area code)				TELEPHONE NUMBER (Include area code)			
FAX NUMBER				FAX NUMBER			

Answer all questions as completely as possible; failure to do so may result in a delay in investigating this claim.

THIS CLAIM IS FOR: UNPAID/UNDERPAID WAGES and/or UNPAID/UNDERPAID FRINGE BENEFITS

1. On which specific MDOT project(s) did you work - provide 10-digit MDOT I.D. (if available), name of highway or roadway, location of project (county, area), description, what dates you worked on project(s)?

2. What type of work were you performing? If you worked in more than one classification, estimate the percentage of time spent working in each. How many other employees were working in your classification? Please provide names of other company employees on project.

3. Who in the company hired you? Who supervised your work?

4. Are you still employed by this company? YES NO, if not, explain why?

5. Between what dates did the UNPAID or UNDERPAID work occur?

6. How often were you paid? What was your hourly rate of pay? What do you think your hourly rate of pay should have been?

7. How were you paid (check, cash, other)? How were fringe benefits paid (into an approved fund, paid directly on the check, combination, etc.)?

8. What wage amount do you think is owed you by the employer? Explain how you computed this amount and provide any documentation (check stubs, time sheets, trip tickets, etc.) to substantiate this claim. If more space is needed for explanation, attach additional sheet(s) of paper.

9. Does your employer act in the capacity of a prime contractor, or subcontractor?

10. On what date(s) did you ask the employer for the wages or benefits you felt were due? What was the outcome of this?

YES NO

Has the employer filed bankruptcy?

Have you contacted your union, if you belong to one?

Have you engaged an attorney for collection of this claim? If yes, do NOT file this claim until you've discussed it with your attorney?

Does MDOT have your permission to use your name to resolve this wage issue?

I certify the above statements and information are true to the best of my knowledge and belief.

CLAIMANT

DATE