



Department of Labor

Bureau of Public Work

For Office Use Only	
Case ID number	Date
County	
PRC Number	
Assigned Investigator	
Mailed by	Date

1. Your name and address

Γ _____ 7

L _____ J

Claim for Wage and/or Supplement Underpayment on a Public Work Project
Labor Law Section 220

Answer all questions - Type or print - We will return incomplete claims - District Offices on back -		
2. Social Security Number (optional)	3. Phone numbers & e-mail address Day: () Evening: () E-Mail:	9. Date you started work on this project: 10. What is your hourly rate of pay?
4. Employer Name: Address: Phone: () Was your contractor a: <input type="checkbox"/> Prime <input type="checkbox"/> Sub-contractor If sub-contractor, Prime's name:		11. Did you get a form of compensation other than the hourly rate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: 12. How were wages Paid? <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other
5. Your superintendent or Foreman on the job site:		13. Were you required to return any part of your wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:
6. What is your complaint: Underpaid wages, overtime, etc.		14. Did you work on any Saturday, Sunday, or Holiday? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: If "yes", give hourly rates of pay: Saturday Sunday Holiday
7. Project description and exact location: (Street, route, intersection, town, village, county)		15. Does your employer give any benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", check the boxes that apply <input type="checkbox"/> Holiday Pay <input type="checkbox"/> Pension <input type="checkbox"/> Vacation Pay <input type="checkbox"/> Health Insurance <input type="checkbox"/> Other (specify):
8. Describe your work activities at the job site: build forms, operated bulldozers, etc.)		

16. Did you ask for these wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. To whom did you make the request?	18. Date of request:
19. Did the employer refuse to pay these wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give the employer's reasons for refusing:	20. Did you get any checks the bank would not honor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," include photocopies of the check(s).	
21. When did you start working for this employer?	22. How many other jobs have you worked with this employer?	
23. How many people do you work with at this jobsite?	24. How many people work for this employer?	

25. To the best of your ability, fill out the chart below for all disputed pay periods. Use more paper if needed.

Occupation (Carpenter, plumber, etc.)	Payroll week Ending date	Number of hours worked							Total weekly hours	Hourly rate paid
		M	T	W	T	F	S	S		

Attach photocopies of any pay stubs. If you kept a job journal, attach photocopies of it as well.

26. I certify that the statements given above are true.

Signature	Print name
	Date

Submit completed claims to the nearest office

State Campus, (Albany Office), Rm. 134B, Bldg. 12, Albany, NY 12240 (518) 457-2744
 State Campus, (Strike Force), Rm. 134A, Bldg. 12, Albany, NY 12240 (518) 457-3248
 109 S. Union St., Rm. 312, Rochester, NY 14607 (585) 258-4505
 400 Oak St., Suite 102, Garden City, NY 11530 (516) 228-3915
 207 Genesee St., Rm. 603B, Utica, NY 13501 (315) 793-2314
 The Maple Bldg., 3 Washington Ctr., 4th Floor, Newburgh, NY 12550 (845) 568-5287

SOB 65 Court St., Rm. 201, Buffalo, NY 14202 (716) 847-7159
 44 Hawley St., Rm. 908, Binghamton, NY 13901 (607) 721-8005
 333 E. Washington St., Rm. 419, Syracuse, NY 13202 (315) 428-4056
 120 Bloomingdale Rd., Rm. 204, White Plains, NY 10605 (914) 997-9507
 160 South Ocean Ave., 2nd Floor, Patchogue, NY 11772 (631) 687-4882
 SOB 163 W. 125th St., Rm 1307, New York, NY 10027 (212) 932-2304