NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT DIVISION OF WAGE AND HOUR COMPLIANCE PO BOX 389

TRENTON, NEW JERSEY 08625-0389

PLEASE ANSWER ALL QUESTIONS.

CASE NO.:

I request the Commissioner of Labor and Workforce Development to investigate the claim indicated by the information supplied in this complaint form and advise me of the results of the investigation.

PLEASE TYPE OR PRINT LEGIBLY IN COMPLETING THIS FORM IN ITS ENTIRETY.						
ACCEPTANCE OF THIS CLAIM BY THE DEPARTMENT DOES NOT GUARANTEE COLLECTION						
EMPLOYMENT INFORMATION						
NAME (LAST)	(FIRST)		(INITIAL)	SOCIAL SECU	SOCIAL SECURITY NUMBER	
NUMBER AND STREET ADDRESS				TELEPHONE	TELEPHONE NUMBER (Give Area Code)	
CITY	STATE		ZIP CODE		DAYTIME TELEPHONE NUMBER OR # WHERE MESSAGE CAN BE LEFT	
NAME OF EMPLOYER:				EMAIL:		
BUSINESS ADDRESS (NUMBER AND STREET)						
CITY S	TATE ZI	IP CODE	COUNTY	TELEPHONE NUMBER		
EMPLOYER'S HOME ADDRESS (NUMBER AND STREET)						
CITY S	TATE ZI	IP CODE	COUNTY	TELEPHONE NUMBER		
NATURE OF EMPLOYER'S BUSINESS IS:						
NAME OF CORPORATE OFFICERS / OWNER(S):						
Has the employer filed for bankruptcy? Yes No If no, is the employer still in business? Yes No If yes, have you submitted a Proof of Claim to the Bankruptcy Court? Yes No						
DATE STARTED TO WORK	DATE LAST WORKE	ED	IF NO LONG	ER EMPLOYED, WRITE THE REASON		
MY FINAL RATE OF PAY WAS: GROSS AMOUNT – PER HOUR: \$ PER DAY: \$ PER WEEK: \$						
I WORKED IN – CITY: COUNTY:						
THE KIND OF WORK I DID & TITLE:						
MY USUAL PAY-DAY WAS:	MON. TUE.	WED.	THU.	FRI. SAT.	SUN.	
THE LAST WAGE PAYMENT I RECEIVED WAS: GROSS AMOUNT: \$			DATE RECE	DATE RECEIVED:		
THE PERIOD OF TIME COVERED BY SUCH LAST PAYMENT WAS:						
THE TOTAL AMOUNT OF WAGES (BEFORE TAX DEDUCTIONS) WHICH I BELIEVE IS DUE ME IS: \$						
THE PERIOD OF TIME FOR WHICH WAGES ARE DUE (LIST DATES AND HOURS)						

WEDE WOLLD AND OF ANY LINES.	IF "YES", GIVE NAME, LOCAL NO., ADDRESS, ZIP CODE AND TELEPHONE NO. OF UNION
WERE YOU A MEMBER OF ANY UNION WHEN EMPLOYED IN THIS FIRM?	
Yes No	
	IF "YES", WHAT ACTION HAS THE UNION TAKEN?
HAVE YOU ASKED YOUR UNION FOR	IF "YES, WHAT ACTION HAS THE UNION TAKEN?
ASSISTANCE?	
Yes No	
WERE YOU CLASSIFIED AS AN	IF "YES", HAVE YOU FILED A COURT ACTION?
INDEPENDENT CONTRACTOR BY YOUR	
EMPLOYER? Yes No	
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DO YOU CONSIDER YOURSELF TO HAVE BEE	N AN EMPLOYEE AND NOT AN INDEPENDENT CONTRACTOR? Yes No
IN ORDER FOR US TO PROPERLY PROCESS YOU	OUR CLAIM ALL OF THE QUESTIONS LISTED BELOW MUST BE ANSWERED. IF ADDITIONAL
SPACE IS REQUIRED ANSWER THE NUMBERE	ED QUESTIONS ON A SEPARATE PIECE OF PAPER AND ATTACH IT TO THIS FORM.
WHAT PUBLIC WORKS PROJECT(S)	HAVE YOU WORKED ON WHICH YOU ARE CLAIMING WAGES DUE?
2. DID YOU KEEP A RECORD OF THE D	DATES AND TIMES YOU WORKED ON THE ABOVE LISTED PUBLIC WORKS PROJECT(S)? IF SO,
PLEASE LIST THOSE SPECIFIC DATE	ES, HOURS AND JOB DUTIES ON EACH PROJECT.
	TO START AND STOP WORK ON THE WORKSITE? WHAT TIME WERE YOU REQUIRED TO REPORT
TO WORK?	
4. DESCRIBE YOUR JOB DUTIES.	

5.	DID YOU RECEIVE A LUNCH PERIOD AND/OR BREAKS? IF SO, STATE THE AMOUNT OF TIME.
6.	DID YOU WORK WEEKENDS AND/OR HOLIDAYS ON THE PUBLIC WORKS PROJECT(S) LISTED ABOVE? IF SO, PLEASE PROVIDE THE DATES AND RATE OF PAY FOR THIS WORK.
7.	ARE YOU AN APPRENTICE WHO IS NOW ENROLLED AND ACTIVELY ATTENDING A VOCATIONAL EDUCATION FACILITY? IF SO, SPECIFY THE NAME OF THE EDUCATIONAL FACILITY YOU ARE ATTENDING, THE CRAFT AND NUMBER OF YEARS YOU HAVE BEEN APPRENTICED.
8.	DO YOU RECEIVE ANY BENEFITS? (i.e., VACATION, HOLIDAYS, SICK DAYS, VESTED PENSION OR PROFIT SHARING). IF SO, LIST THE BENEFIT AND THE AMOUNT RECEIVED FOR EACH.
9.	WHAT WOULD BE THE BEST TIME AND TELEPHONE NUMBER TO CONTACT YOU AT FOR ADDITIONAL INFORMATION ON YOUR CLAIM?
10.	DID YOU WORK ANY HOURS ON A NON-PUBLIC WORKS PROJECT(S) DURING THE SAME TIME PERIOD WHICH YOU ARE CLAIMING WAGES FOR? IF YES, PLEASE LIST THE NON-PUBLIC WORKS PROJECT(S).
SIGNATU	IRE: DATE: