



CITY OF OAKLAND

CITY ADMINISTRATOR'S OFFICE - CONTRACTS AND COMPLIANCE DIVISION

MINIMUM WAGE: Employee Questionnaire & Declaration in Support of Claim

Employee Name: _____ Date: _____

Employee Phone Number: _____ Business Name: _____

Employee Email: _____ Business Phone Number: _____

Employee Address: _____ Business Address: _____

1. Briefly describe why you are submitting this complaint (for example, "I'm not being paid the required minimum compensation", "I'm not receiving sick leave or "I am not receiving my service charges" from my employer")

2. What is your position or description of your duties (for example, driver, cook, etc.)? _____

3. When did you begin to work for this employer? *Include the starting date.* _____

4. Are you still employed by this employer? YES ___ or NO ____.
If NO, when was your last day of work? _____ and why are you no longer working for this employer?

5. Who sets your schedule and supervises your work? _____

6. Do you have records of the hours you work? YES ___ or NO ___

7. Are you required to record your start and end time? YES ___ or NO ___
If YES, do you punch in and out on a time clock or do you use a hand-written time sheet/time card? _____
If NO, explain how your hours are tracked.

8. List your regular work schedule below. *If you punch in and out multiple times during the day, list that in the space provided.*

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>Time In</i>							
<i>Time Out</i>							
<i>Time In</i>							
<i>Time Out</i>							
<i>Time In</i>							
<i>Time Out</i>							

9. If you do not have a regular work schedule each week, how many hours per week do you work, on average? _____

10. What is your current rate of pay per hour? _____

11. Has your rate of pay changed over time? YES ___ or NO ___ If YES, list the start and end dates during which you received each pay rate.

Start Date	End Date

12. Have you been paid for all hours worked? YES ___ or NO ___ If NO, explain.

13. Do you receive one-and-a-half your regular rate of pay when you work more than 8 hours in a day or 40 hours in a week? YES ___ or NO ___

14. Are you paid by check ____, in cash____, or both__?

15. Do you have any pay stubs or receipts? YES ___ or NO ___

16. When is your regular payday? _____

17. Does your employer provide you with health insurance? YES ___ or NO ___ If YES, (a) What insurance company?

(b) Do you have to pay any part of the premium? YES ___ NO ___

(c) What date did your coverage begin?

18. Do you receive **paid** time off (e.g. vacation, holidays, sick leave)? YES or NO
If YES, how many days per year? _____

19. Can you take **unpaid** time off? YES ___ or NO ___
If YES, how many days per year? _____

20. Are you a member of a union? YES or NO If YES,
(a) What is the name of your union local?
(b) Do you have a copy of your collective bargaining agreement (union contract)?
(c) What is the name of your business agent / union rep?

21. Have you ever complained or asked your employer questions about your pay or benefits? YES ___ or NO ___ If YES, please provide the date of your inquiry/complaint, the name and title of who you talked to, and their response:

22. Has your employer ever retaliated against you for raising issues about your pay or benefits? YES ___ or NO ___ If YES, please describe what happened:

23. Do you wish to keep this complaint anonymous (i.e. keep your name confidential from your employer)?

_ Yes, I want to keep this complaint confidential.

_ No, it is OK for my employer to know I submitted this complaint.

_ It doesn't matter. I don't care if my employer knows that I submitted this complaint

24. How many employees work for your employer? _____

25. What are the names of some of your co-workers? *Please provide contact information.*

<i>Name</i>	<i>Contact</i>

26. Are there any other witnesses or any other evidence that would help you substantiate your case? *(For example, names of regular customers or delivery drivers, group photographs, etc.)*

27. Do you have anything else to add?

I declare under penalty of perjury that the above statement is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____

Interviewed by: _____ Date: _____

Organization: _____

Assigned Compliance Officer: _____