

Wage and Hour Administration
1251 Muldoon Road, Suite 113
ANCHORAGE, AK 99504
Phone: (907) 269-4900
Fax: (907) 269-4915

Wage and Hour Administration
P. O. Box 111149
1111 West 8th Street, Suite 302
JUNEAU, AK 99811
Phone: (907) 465-4842
Fax: (907) 465-3584

Wage and Hour Administration
675 7th Avenue, Station "J"
FAIRBANKS, AK 99701-4596
Phone: (907) 451-2886
Fax: (907) 451-2885

PUBLIC CONTRACTS COMPLAINT FORM

✓ RETURN COMPLETED COMPLAINT FORM TO THE NEAREST REGIONAL OFFICE

****PLEASE DO NOT COMPLETE FORMS UNTIL YOU HAVE READ ALL INSTRUCTIONS****

The attached form relates to the enforcement of prevailing rates of pay on public construction jobs. Answer the questions as directed and return the form to the nearest Wage and Hour Administration office listed above. A separate statement and calendar **must** be filled out for **each** contractor or subcontractor you worked for on a particular project. If you worked on more than one project, you **must** fill out separate statements and calendars for **each** project. List only the hours you worked for that particular contractor on that project. Since each project and each employer must be handled as a separate investigation, you may need to fill out more than one set of forms. If you are a business owner, partner, or corporate officer, please contact an investigator in the appropriate Wage and Hour Administration office.

FILING A COMPLAINT

After these forms are completed and returned to a Wage and Hour regional office, a technician or investigator may perform an audit and will take appropriate action. We cannot keep your identity a secret. The violating contractor and prime contractor must be notified of the problem. The Department will attempt to resolve the problem through informal conference(s) with the alleged violator. The prime contractor, if different from the alleged violator, is invited to attend. It may be necessary to hold a formal hearing. The possibility exists that the matter will be referred to the courts for a determination. The Department may require the contracting agency to withhold funds from the prime contractor when appropriate. Due to these various factors, it is not possible to tell you when, or if, your wages will be paid. This agency's limited enforcement staff must assign priorities to the workload. At times, priorities are assigned to the unit by higher authorities. The more time the staff spends answering inquiries as to the status of an individual's claim, the less time is available for conferences and other types of enforcement actions. A member of our staff will contact you if additional information is needed or if some type of substantial progress toward the resolution of your complaint has been made. If you are still employed, there is no guarantee that your employer will continue to employ you. If you kept your own records, you should include this information and bring your records with you. If you are filing this statement by mail, send copies of your records. Do not send originals. It is important that you maintain the original records in a safe place in case they are needed for administrative proceedings or court.

The Department must know how much you were paid. Please furnish a copy of your pay stubs.

OTHER COMPLAINT OPTIONS

You do not have to rely on the Department to resolve your complaint. Persons furnishing labor or material may have certain rights they can exercise regarding the payment bond (AS 36.25.020). You may use a private attorney or pursue the matter yourself in Small Claims Court, provided you meet the jurisdictional requirements for Small Claims Court.

I certify that I have read and/or had explained to me the foregoing and that I understand my rights and responsibilities as outlined therein.

SIGNATURE

DATE

STATE USE ONLY

Case # _____

Alleged Violation: 36.05 36.10

STATEMENT OF FACTS

1) **Claimant's information (your information)**

Name: _____

Mailing address: _____

Phone #: _____

E-Mail: _____

Social security number: _____

2) **Contractor's/Company's Information (name of company you worked for)**

Name: _____

Owner's name: _____

Mailing address: _____

Phone #: _____

E-Mail: _____

3) Date work: started: _____ ended: _____

4) Was there any time you did not work during this period? Yes: No:

When? _____

5) What is your occupation (work classification, trade or craft)? _____

6) Did you agree to work as an employee or as an independent contractor?

Employee: Contractor:

7) Do you have a business license? Yes: No:

Name of your business: _____

8) Are a licensed contractor? Yes: No:

Company name: _____

9) Did you agree to work under a voluntary flex plan (example: 4-10 hour days)? Yes: No:

10) Did you work in more than one occupation (work classification, trade or craft)? Yes: No:

If so which ones? _____

***NOTE:** If you worked, or think you worked, as an independent contractor, please contact a Wage and Hour Investigator for assistance.

11)Fringe benefits were: Paid on paycheck: Contributed to a plan (Union or other approved plan):

12)Name and location of public construction projects on which you worked?

Example: Port of Juneau Cruise Ship Berths
Anchorage Supreme Courtroom Carpet
Fairbanks Youth Facility Fire Lane Paving

13)If there is a dispute about your correct job classification, please explain **in detail** the kinds of tasks you performed. (Use additional paper if necessary.)

14)Explain how your employer kept a record of your hours.

Example: Did you fill out your own timecard?
Did you sign it?
Was it filled out by someone else? If so, who was responsible for this function?

15)How were you paid? Cash: Check: Other: _____

16)What was your agreement for compensation at the time you began working on this job?

Example: Hourly
Bid price for total job
Square foot

17)Was this agreement? Written Verbal

If written, please furnish a copy with this form. If verbal, who did you make the agreement with?

18)Provide names of any individuals who witnessed this agreement.

19) Where did you perform your work?

Example: The shop

The employer's equipment yard

On the construction site, driving truck

20) How much money do you believe you are still owed? \$ _____

Show how you arrived at this amount:

21) Please provide any other details you believe may be relevant, such as whether or not there are other workers who may not have been paid properly. (Please be as concise as possible.)

NOTARY

Your statement must be notarized. One of our staff is available to notarize your statement when you bring it to our office, or you can have it notarized by a notary public elsewhere. You should return these forms to our office as soon as you complete them. There are many instances where time is of the essence. Even small delays can greatly affect enforcement efforts in situations where projects are near completion.

I have read the information contained herein, including the statement of pertinent facts, and I swear that this information is true and correct to the best of my knowledge.

Signature

Date

Print Name

SUBSCRIBED AND SWORN to before me the _____ day of _____ 20__

Notary Public in and for the State of Alaska

My commission expires: _____

CALENDAR

You must provide the number of straight time hours and overtime hours you worked each day and in each job classification. Refer to paragraph one on the first page for additional instructions for completing the calendar of hours.

Please list the hours you worked on this project each day and each week. Each block represents a workweek. When calculating overtime, you must consider all the hours you worked during that 7-day period, including such time as work on private jobs. Please identify the private job hours and provide the rate of pay for private work.

In public contracts enforcement, we do not enforce contractual agreements which may require a payment in excess of the prevailing rates or which require the payment of overtime or double-time for Saturday, Sunday or holiday work. Ask about the T-23 wage claim process to pursue these amounts.

We enforce overtime for hours worked in excess of eight (8) in a workday or forty (40) straight time hours in a workweek. The employer must have at least four (4) employees during the workweek in order for the overtime to apply. This includes employees who may work on other projects, in the office, etc. You should consult a member of our staff if you are having difficulty determining if your employer had four (4) employees.

According to **8 AAC 15.910 (17)** “workday” means a fixed and regularly recurring period of 24 consecutive hours.

8 AAC 15.910 (15) in part defines “workweek” as a fixed and regularly recurring period of 168 hours; i.e., seven consecutive 24-hour periods. It may begin on any day of the week and need not coincide with the calendar week. The employer has the authority to establish the workday and workweek.

HOURLY RATE OF PAY

DAY	DATE	HOURS WORKED	ST	OT
Weekly Total				

DAY	DATE	HOURS WORKED	ST	OT
Weekly Total				

DAY	DATE	HOURS WORKED	ST	OT
Weekly Total				

DAY	DATE	HOURS WORKED	ST	OT
Weekly Total				

DAY	DATE	HOURS WORKED	ST	OT
Weekly Total				

DAY	DATE	HOURS WORKED	ST	OT
Weekly Total				

DAY	DATE	HOURS WORKED	ST	OT
Weekly Total				

DAY	DATE	HOURS WORKED	ST	OT
Weekly Total				

DAY	DATE	HOURS WORKED	ST	OT
Weekly Total				

ASSIGNMENT OF WAGE CLAIM

I, _____, now living at _____
(Name) (Address)

do hereby transfer and assign to the State of Alaska, Department of Labor and Workforce Development, any and all rights, claims, or causes of action under;

- (1) A.S. 23.05.220, such as claim for wages, mechanic's or employee's lien, return of worker's tools, vacation pay or severance pay;
- (2) A.S. 23.10.050-150, such as minimum wages, overtime or illegal deductions; or
- (3) A.S. 23.10.380, such as return transportation and/or subsistence

that I may have arising out of my employment for:

(Contractor/Company Name)

I worked as a _____ at _____, Alaska,
(Job Classification) (Location)

from _____ 20____, to _____, 20____.
(first day worked) (last day worked)

The amount due me is about \$_____, plus interest and any penalties or other remedies allowed by law.

I hereby permit the Alaska Department of Labor and Workforce Development, at its own expense, to collect and receive any monies due and owing to me from this employment and to take any and all actions, which I might have or could have taken.

I give the Alaska Department of Labor and Workforce Development the power, without my further approval, to settle my wage claim for less than the full value, including interest and penalties. I agree that once the Department reaches a settlement, I forfeit any other chance to collect on my claim. I further agree that any costs or legal fees that may be collected by the Department of Labor and Workforce Development shall become the property of the State of Alaska.

My signature on the Assignment attests that I have read this document and agree fully to its terms.

This Assignment is executed under the authority of A.S. 23.05.060, A.S. 23.05.140 - 250, A.S. 23.10.110 and A.S. 23.10.380.

Signature

Date

Print Name

SUBSCRIBED AND SWORN to before me the _____ day of _____ 20____

Notary public in and for the State of Alaska

My commission expires: _____