

GENERAL SERVICES AGENCY
OFFICE OF LABOR STANDARDS ENFORCEMENT
DONNA LEVITT, MANAGER



Employee Questionnaire & Declaration in Support of Claim

Date: _____ Place of Interview: _____

Employee Name: _____ Business Name: _____

Employee Phone Number: _____ Business Phone Number: _____

Employee Address: _____ Business Address: _____

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

2. Are you still employed by this employer? YES or NO

If NO, when was your last day of work?

If NO, why are you no longer working for this employer?

3. Have you taken any unpaid leave (for example, to take a vacation)? YES or NO

If YES, list the dates you took unpaid leave:

4. What is your position or description of your duties (for example, cashier, cook, etc.)?

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							

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

7. During your time of employment, did you ever work a different schedule than the one listed above?
YES or NO

If YES, list the alternative work schedules below (and use additional pages as necessary). *Include the start and end dates for these work schedules.*

8. Does this employer provide you with meal breaks? YES or NO

If YES, how much time are you provided?

9. Does this employer provide you with any other breaks during your workday? YES or NO

If YES, how many breaks are you provided and for how long?

10. 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.

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

12. Are you paid by check, in cash, or both?

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

14. When is your regular payday?

15. What is your rate of pay?

16. 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.

17. Have you been paid for all hours worked? YES or NO

If NO, explain.

18. 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

19. Have you missed work since February 5, 2007 because you were sick or had a medical appointment or because you were caring for a family member who was sick or had a medical appointment? YES or NO

If YES, were you paid for that time? YES or NO

If NO (you were not paid), list the dates that you missed work.

20. Does your employer provide you with any health care, such as health insurance, a medical reimbursement account, or Healthy San Francisco? YES or NO

If YES, (a) What/which one?

(b) How did you learn about it?

If you learned about it at a meeting, when? Who else attended?

(c) Do you have any written information? YES or NO May we have a copy? YES or NO

(d) Do you know how to use these benefits? YES or NO

(e) Have you had any problems trying to use the health care services provided by your employer? YES or NO

If YES, describe:

21. How did you learn about this job?

22. Who hired you?

23. What was the agreement when you were hired regarding work schedule, pay, etc.?

24. Who pays you?

25. Who sets your schedule and supervises your work?

26. How many employees work for your employer?

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

28. 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.*)

29. 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: _____