WE ARE YOUR DOL

NEW YORK STATE | Department of Labor

Bureau of Public Work

1. Your name and address

Claim for Wage and/or Supplement Underpayment on a Public Work Project

Labor Law Section 220

• Answer all questions. • We will return incomplete claims. •Type or print. • Mail to local office; addresses are on page 2.

2. Social Security Number (optional)

3. Your phone numbers & address:
Day:
Evening:

4. Employer
Name:
Address:

Phone:
Was your contractor a: ☐ Prime ☐ Sub-contractor
If sub-contractor, Prime's name:

5. Your superintendent or foreman on the job site:

6. What is your complaint: underpaid wages, overtime, etc.:

7. Project description and exact location: street, route, intersection, town, village, count:

8. Describe your work activities at the job site: build forms, operated bulldozers, etc.)

9. Date you started work on this project:

10. What is your hourly rate of pay?

11. Did you get a form of compensation other than the hourly rate? ☐ Yes ☐ No If Yes, Explain:

12. How were wages Paid?
☐ Cash ☐ Check
☐ Other

13. Were you required to return any part of your wages?
☐ Yes ☐ No If Yes, Explain:

14. Did you work on any Saturday, Sunday, or Holiday?
☐ Yes ☐ No
If "Yes", give hourly rates of pay:
Saturday
Sunday
Holiday

15. Does your employer give any benefits?
☐ Yes ☐ No
If "Yes", check the boxes that apply
☐ Holiday Pay ☐ Pension
☐ Vacation Pay ☐ Health Insurance
☐ Other (specify):

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16. Did you ask for these wages ☐ Yes ☐ No	17. To whom did you make the request?	18. Date of request:

19. Did the employer refuse to pay these wages? ☐ Yes ☐ No If "Yes," give the employer's reasons for refusing:	20. Did you get any checks the bank would not honor? ☐ Yes ☐ No If 'Yes," include copies of the check(s).

21a. When did you start working for this employer? 21b. Are you still working for this employer? Yes No	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 above statements are true and authorize the Commissioner of Labor to commence an action on my behalf as provided under Labor Law Section 220-g.**

Signature _____ **Date** _____

Print name _____

Submit your completed claim to the nearest office at **NYS Department of Labor, Bureau of Public Work:**

- State Campus, (Albany Office)
  Room 134B, Building 12
  Albany, NY 12240
  (518) 457-2744
- State Campus, (Strike Force)
  Room 134A, Building 12
  Albany, NY 12240
  (518) 457-3248
- 44 Hawley Street
  Room 908
  Binghamton, NY 13901
  (607) 721-8005
- Buffalo Career Center
  284 Main Street
  Buffalo, NY 14202
  (716) 847-7159
- 400 Oak St., Suite 102
  Garden City, NY 11530
  (516) 228-3915
- The Maple Building
  3 Washington Center
  4th Floor
  Newburgh, NY 12550
  (845) 568-5287
- State Office Building
  163 West 125th Street
  Room 1307
  New York, NY 10027
  (212) 932-2304
- 160 South Ocean Avenue
  2nd Floor
  Patchogue, NY 11772
  (631) 687-4882
- 109 South Union Street
  Room 312
  Rochester, NY 14607
  (585) 258-4505
- 333 East Washington Street
  Room 419
  Syracuse, NY 13202
  (315) 428-4056
- 207 Genesee Street
  Room 603B
  Utica, NY 13501
  (315) 793-2314
- 120 Bloomingdale Road
  Room 204
  White Plains, NY 10605
  (914) 997-9507