

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
EMPLOYEE INTERVIEW FORM-LABOR

"Confidential: All information in this form shall remain confidential to the extent permitted by law, including Florida Statutes Chapter 119"

Section A – RCS'S PROJECT IDENTIFICATION

A. Fin. Project #			
B. F.A.P. #		C. Contract #	
D. Prime			

Section B - INTERVIEWER'S IDENTIFICATION

E. Interviewer	First & Last Name (print)		
	Signature & Date		
F. Interviewer's Employer			
G. Date of Interview			

Section 1 - IDENTITY DATA SUPPLIED BY EMPLOYEE

1. Employee	First & Last Name		
	Signature & Date		
2. Employee ID or last four of SS No.			
3. Employed by			
4. How long with the company?			
5. How long on this project?			
6. Employee Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
7. Employee Race	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am Ind/Al <input type="checkbox"/> Asian <input type="checkbox"/> 2/+races <input type="checkbox"/> Native Hi./P. Islander		

Section 2 - JOB & PAY DATA SUPPLIED BY EMPLOYEE

8. What is your job or position?	
9. How much are you paid an hour?	
10. Are you paid every week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you receive time and ½ for hours worked over 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Did the company pay for your hardhat and vest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you seen the project bulletin board with the wage and job posters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Were you told to give someone money or favors to get this job? Or to keep your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 - DEDUCTION DATA SUPPLIED BY EMPLOYEE

15. Is money taken from your check for Insurance, loans, uniforms, child support etc?		
Taxes Insurance 401K Uniform Travel Loan/Advances Child Support	Repayments Credit Card Charges Per Diem Company Purchases Safety Equipment Alimony Stock	Charitable Contributions Direct Deposits Union Fees & Dues Transportation Other _____

Section 4 - FRINGE DATA SUPPLIED BY EMPLOYEE

16. Are you paid for holidays, sick days, vacation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the company pay any of your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Employee comments/explanations	

Over



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Section C - INTERVIEWER'S OBSERVATION

H. Describe employee's work you observed at time of interview.

I. List/describe the tools/equipment the employee was using/operating.

☐ No Tools ☐ No Equip

J. Interviewer Comments

Section D – RCS' REVIEW & ACTION

K. RCS First & Last Name Date

L. Payroll vs. Wage Determination Minimum Rate and Fringe

As shown on Payroll:			As indicated in observation ("H" and "I"):		
Classification			Classification		
Rate Paid	Fringe Paid	Total	Rate Minimum	Fringe Minimum	Total
WD Rate	WD Fringe	WD Total	Is the classification shown on the payroll equal to or greater than the classification as observed ("H" and "I")? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If Fringe Benefits are required, how are they paid to the employee? ☐ NA – not required ☐ Cash ☐ Benefits ☐ Combination

M. Are there any discrepancies between work observed, tools and equipment used, classification and rate of pay?

☐ Yes ☐ No If yes, please explain.

Discrepancy:	Was a payroll violation issued?
<input type="checkbox"/> Improper Classification	<input type="checkbox"/> Yes Code # _____
<input type="checkbox"/> Wages paid	<input type="checkbox"/> No
<input type="checkbox"/> Not Listed on payroll	
<input type="checkbox"/> Other:	

N. Any concerns from Section 2 or 3?

☐ Yes ☐ No

O. Comments ☐ N/A

P. Payroll Correction received if applicable:

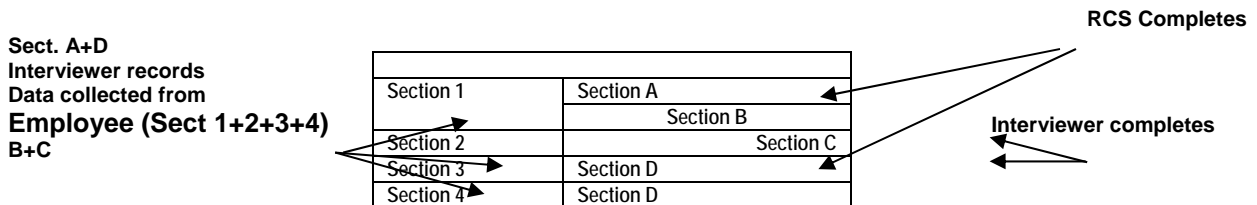
Date

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GENERAL

This form should be electronically signed by the employee and the Interviewer.
Data is collected by observing and communicating with project workers and it is recorded on this form to assist in determining EEO and payroll compliance.
The Interviewer records data collected from the employee in Sections 1, 2, 3 & 4
The interviewer completes Section B
The interviewer completes Section C based on the work observed the employee performing
Section A & Section D is completed by the RCS



EMPLOYEE INTERVIEW FORM

Information recorded on the Employee Interview Form is to be kept confidential and separate from standard Compliance program records.

DIRECTIONS FOR COMPLETING FORM

Section A- PROJECT IDENTITY SUPPLIED BY RCS

The RCS completes this section before giving the form to the Interviewer.

- A. Financial Project No. – The Florida Department of Transportation's Financial Project Number
- B. F.A.P. Number – The Federal Aid Project Number assigned to federally funded projects
- C. Contract Number- FDOT contract number
- D. Prime Contractor- Name of Prime

Section B-INTERVIEWER'S IDENTIFICATION

This is the first section that the Interviewer completes

- E. Interviewer's Name and Electronic Signature.

An electronic signature can be applied by stylus or finger, utilizing Adobe Reader on a computer or iPad.

For more information, visit [<http://www.fdot.gov/construction/Wage.shtm>].

- F. Interviewers' Employer: FDOT or CCEI firm on the project

- G. Date of interview: Month/Day /year

Section 1- IDENTITY DATA SUPPLIED BY EMPLOYEE

The interviewer records the answers supplied by the employee

1. Employee: Print first and last name & have employee electronically sign below their name.
2. Employee Identification number or last four of Social Security number.
3. Employed by: name of the contractor or temporary agency the employee is working for.
4. How long with Company? Months and/or years employee has worked for company
5. How long on this project? Months and or years employee has worked on this project.
6. Employee Sex: Record male or female
7. Employee Race: Record the race which the employee identifies with

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Section 2- JOB & PAY DATA SUPPLIED BY EMPLOYEE

The interviewer records the answers supplied by the employee

8. – 14. Enter Employee Response

Section 3- EEO DATA SUPPLIED BY EMPLOYEE

The interviewer records the answers supplied by the employee.

15. Enter Employee Response

Section 4- FRINGE DATA SUPPLIED BY EMPLOYEE

The interviewer records the answers supplied by the employee.

16. – 18. Enter Employee Response

Section C-INTERVIEWER'S OBSERVATION

The Interviewer completes this section before speaking with the employee and before performing the interview. The data provided is based on what the interviewer observes just prior to the interview

H. Describe the work observed at the time of the interview (e.g. digging trench for placement of pipe)

I. List/describe the tools/equipment the employee was using/operating. OR mark 'No Equip' or 'No Tools' if none were used.

J. Interviewer Comments

The interviewer's work is now complete and the form should be turned into the Resident Compliance Specialist.

Section D- RCS'S REVIEW & ACTION

K. RCS's Name and date of review.

L. Payroll versus Wage Determination ('WD') Minimum Rate and Fringe:

AS SHOWN ON PAYROLL: Review the certified payroll for the week that includes the date shown in box G (Date of Interview). Record the payroll's classification, Rate paid, Fringe paid and Total as well as the Wage Determination Rate, Fringe and Total.

AS INDICATED IN OBSERVATION ('H'): Review the work/equipment described in 'H' and list the appropriate classification, rate minimum, fringe minimum and total.

Indicate whether the classification shown on the payroll is equal to or greater than the classification as observed ('H' & 'I').

IF FRINGE IS REQUIRED, HOW ARE THEY PAID? Indicate if the employee receives cash, benefits or some

combination if fringe is required. If fringe is not required, mark NA

M. Are there any discrepancies between work, tools and equipment used, classification, rate paid or fringes? If yes, please explain by selecting the discrepancy. If the discrepancy warrants a payroll violation, indicate the appropriate code or check no if a payroll violation is not required.

N. Any Concerns from Sections 2 or 3? Do the employee comments indicate any concerns for the RCS: If so, mark Yes and add comments as noted in box O.

O. RCS comments or mark NA or indicate date Interview Letter was issued.

P. Enter Date payroll was corrected.