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| **DEPARTMENT OF TRANSPORTATION****EMPLOYEE CLAIM FOR WAGE RESTITUTION** |
| **TO:** The Government Accountability OfficeClaims DivisionWashington, DC 20548 | **CONTRACT NUMBER** |
| **DATE OF CLAIM** |
| **EMPLOYEE'S FULL NAME** |
| **SSN:**  |
| I hereby make claim for payment of unpaid wages due me in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as an employee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ performing work  ***(Name of Contractor and/or Subcontractor)***under the above number at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(location of work)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I was employed as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(job title) (month/day/year)***to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. ***(month/day/year)*****This claim constitutes the total amount claimed due and unpaid for the period of employment indicated.** |
| **ADDRESS OF EMPLOYEE** | **SIGNATURE OF EMPLOYEE** |