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| **DEPARTMENT OF TRANSPORTATION**  **EMPLOYEE CLAIM FOR WAGE RESTITUTION** | | |
| **TO:** The Government Accountability Office  Claims Division  Washington, 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** | |