

EQUAL EMPLOYMENT OPPORTUNITY AND LABOR COMPLIANCE REPORT

Prime Sub Contractor Name: _____
 Project: _____ County: _____
 ODOT Representative: _____ Date: _____

Employee Interview

	Yes/Si	No
1. Have you seen the posting of minimum wage rates? ¿Usted ha visto la fijación de las tarifas de salario mínimo?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been advised that this project has minimum established wage rates? ¿Le han aconsejado que este proyecto se paga a razones de un sueldo mínimo ya establecido?	<input type="checkbox"/>	<input type="checkbox"/>
3. What is your job classification? _____ ¿Cuál es su clasificación de trabajo? _____		
4. What is your wage rate? _____ ¿Cuál es su tarifa de salario? _____		
7. Are you currently enrolled in a training program? ¿Le alistan actualmente en un programa de entrenamiento?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your daily work consistent with your job classification? ¿Concuerda su trabajo diario con la clasificación de su trabajo?	<input type="checkbox"/>	<input type="checkbox"/>
9. Who do you work for? _____ ¿Para quién usted trabaja? _____		
10. How are you paid? (Cash or Check) _____ ¿Cómo le pagan? (Efectivo o cheque) _____		
11. Are you paid weekly? ¿Es usted semanario pagado?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you paid overtime for work over 40 hours per week? ¿Le pagan a Ud. Por horas exgras (cuando trabaja más de 40 horas por semana)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there money deducted from your pay beside income and social security taxes? ¿Hay dinero deducido de su paga al lado de impuestos de la renta y de Seguridad Social?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you know where the project EEO Bulletin Board is? ¿Sabe Ud. Donde está el tablón de anuncios para el proyecto EEO*?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you know who your Company EEO Officer is? ¿Sabe Ud. Quien es el/la dirigente de EEO* de su compañía?	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE'S NAME

PRINTED NAME: _____ SIGNED: _____
Nombre en letra **Firma** **(Employee Signature)**

Payroll Review

1. Has the Prime Contractor submitted his and all Subcontractors weekly payrolls?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Contractor paying 1 ½ times regular rate of hours worked above 40 hours?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have wage rates been checked to insure that rates paid were at least as much as the minimum rate established?	<input type="checkbox"/>	<input type="checkbox"/>
4. WERE ANY DISCREPANCIES NOTED: (If discrepancies are found in their wage rate and and classification, exam documents in file, verify amount due is paid.)	<input type="checkbox"/>	<input type="checkbox"/>
5. In your opinion, has the Contractor taken the required affirmative action to comply with all of the E.E.O. requirements in his contract?	<input type="checkbox"/>	<input type="checkbox"/>
Remarks: _____		
6. Did you compare wages with Contract Wages (Davis Bacon Wages)?	<input type="checkbox"/>	<input type="checkbox"/>

Reviewed By: _____ **Date:** _____