

FED NO.

CONTRACT NO.

INSTRUCTIONS - (SEE REVERSE SIDE)

1.

EMPLOYEE NAME		LABOR CLASSIFICATION	
EMPLOYEE ADDRESS		PHONE	
DIR BASE WAGE (Filled in by Labor Compliance)	BASE RATE	FRINGE BENEFITS (Filled in by Labor Compliance)	
PRIME CONTRACTOR		EMPLOYER	
WORK BEING PERFORMED AT TIME OF INTERVIEW		IF OPERATOR, WHAT TYPE OF EQUIPMENT?	
A. HOW LONG HAVE YOU WORKED FOR YOUR PRESENT EMPLOYER?		HOW LONG ON THIS PROJECT?	
B. DESCRIBE THE TYPE OF WORK YOU HAVE BEEN DOING THIS PAST WEEK			
C. WHAT IS YOUR WAGE [Include Base and Fringe Benefits (Compare to Payroll)]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
D. <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> SELDOM <input type="checkbox"/> NONE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF NO, EXPLAIN	

2.

HOW MANY MILES DO YOU TRAVEL TO WORK?	<input type="checkbox"/> DRIVE <input type="checkbox"/> RIDE <input type="checkbox"/> NEITHER
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

3.

A. <input type="checkbox"/> YES <input type="checkbox"/> NO		
B. <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW OFTEN?		
WHO CONDUCTS THE MEETINGS?	WHO IS THE EEO OFFICER FOR YOUR EMPLOYER?	WHO IS THE EEO OFFICER FOR THE PROJECT?
C. <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN

4.

NAME OF INTERVIEWER (PRINT)	DATE	SIGNATURE OF INTERVIEWER
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5. INTERVIEWER'S COMMENTS

NAME OF RESIDENT ENGINEER (PRINT)	DATE	SIGNATURE OF RESIDENT ENGINEER
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EMPLOYEE INTERVIEW: LABOR COMPLIANCE / EEO

CEM-2504 (REV 05/2020) CT #7541-3512-3

DIRECTIONS TO INTERVIEWER

1. Fill in Section 1 completely, from interview responses.
2. Fill in Section 1 DIR Base Wage, Base Rate, and Fringe Benefits from Payroll Records, if available.
3. Fill in Section 2 completely (does not apply to owner operators).
4. Fill in Section 3 completely, from interview responses.
5. Employee comments optional in Section 4.
6. Interviewer comments on findings and recommends further actions to be taken. Attach additional sheets if necessary.

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.