

**EXHIBIT 16-N EMPLOYEE INTERVIEW: LABOR COMPLIANCE/EEO**

**ADA Notice**

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**CONFIDENTIAL**

This document contains personal information and pursuant to Civil Code 1798.21, it shall be kept confidential in order to protect against unauthorized disclosure. INSTRUCTIONS - (SEE REVERSE SIDE)

CONTRACT NO

FED NO

**1. TO BE FILLED IN BY INTERVIEWER (Data may be obtained from payroll records or during source document review)**

EMPLOYEE NAME		LABOR CLASSIFICATION
MINIMUM BASE WAGE PER CONTRACT	BASE RATE	FRINGE BENEFITS
MINIMUM BASE WAGE PER CONTRACT	BASE RATE	FRINGE BENEFITS
EMPLOYER		PRIME CONTRACTOR ON THE PROJECT (IF SAME, SO STATE)
WORK BEING PERFORMED AT TIME OF INTERVIEW		

**2. QUESTIONS TO BE ASKED OF EMPLOYEE (For owner-operators skip to Section 3 )**

**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)]** \_\_\_\_\_ **DO YOU KEEP A RECORD OF THE HOURS YOU WORK?**  
 YES  NO

**D. DO YOU WORK OVERTIME?**  FREQUENTLY  SELDOM  NONE **ARE YOU PAID TIME AND ONE-HALF FOR OVERTIME?**  YES  NO **IF NO, EXPLAIN**

**E. HAS YOUR EMPLOYER DIRECTED YOUR ATTENTION TO THE REQUIRED WAGE RATE POSTERS ON THE PROJECT?**  YES  NO **HAVE YOU SEEN THOSE POSTERS?**  YES  NO **IF NO, EXPLAIN**

**F. ARE YOU AWARE OF THE CONTRACTOR'S EEO POLICIES?**  YES  NO **DOES THE CONTRACTOR HOLD REGULAR EEO MEETINGS?**  YES  NO **HOW OFTEN?**

**WHO CONDUCTS THE MEETINGS?** \_\_\_\_\_ **WHO IS THE EEO OFFICER FOR YOUR EMPLOYER?** \_\_\_\_\_ **WHO IS THE EEO OFFICER FOR THE PROJECT?** \_\_\_\_\_

**G. ARE YOU INTERESTED IN / OR HAS YOUR EMPLOYER INFORMED YOU OF INF UPGRADING AND TRAINING POSSIBILITIES?**  YES  NO **IF YES, EXPLAIN**

**3. QUESTIONS FOR OWNER-OPERATORS**

**A. EQUIPMENT DESCRIPTION** \_\_\_\_\_ **TRUCK LICENSE NO.** \_\_\_\_\_ **TRUCK CA #** \_\_\_\_\_

**HR** \_\_\_\_\_ **BASE EQUIPMENT RATE** \_\_\_\_\_ **ON WHAT DO YOU BASE YOUR EQUIPMENT RENTAL RATE?**  HOURLY  WEEKLY  MONTHLY

**B. DO YOU OWN THE EQUIPMENT?**  YES  NO **MAY I SEE YOUR CERTIFICATE OF OWNERSHIP?** \_\_\_\_\_  
 (Interviewer Note Response)

**LEGAL OWNER** \_\_\_\_\_ **REGISTERED OWNER** \_\_\_\_\_

**4. EMPLOYEE COMMENTS**

DO YOU HAVE ANY COMMENTS OR COMPLAINTS ABOUT WAGES OR EEO POLICIES? BE SPECIFIC

**5. INTERVIEWER'S COMMENT**

NAME OF INTERVIEWER (PRINT)	DATE	NAME OF RESIDENT ENGINEER (PRINT)	DATE
SIGNATURE OF INTERVIEWER		SIGNATURE OF RESIDENT ENGINEER	

**DIRECTIONS TO INTERVIEWER**

1. **Fill in Section 1 from payroll records, if available, after interview.**
2. **Fill in Section 2 completely. (does not apply to owner-operators)**
3. **Fill in Section 3 completely. (for owner-operators only)**
4. **Employee comments optional in Section 4.**
5. **Interviewer comments on findings and recommends further actions to be taken. Attach additional sheets if necessary.**