

**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