

# Wage Interview Form

**Project Number:** \_\_\_\_\_  
**Division and County:** \_\_\_\_\_  
**Prime or Subcontractor?** \_\_\_\_\_  
**Company Name:** \_\_\_\_\_

**El Departamento de Transportacion del Carolina del Norte**  
**Asunto: Inspeccion de pagos y horarios**

**Nombre y Apellido** \_\_\_\_\_

*(First and Last Name)*

**Direccion de calle** \_\_\_\_\_

**Ciudad** \_\_\_\_\_ **Estado** \_\_\_\_\_

**Codigo postal** \_\_\_\_\_

*(Street address, City, State, and Zip Code)*

**Numero de telefono** \_\_\_\_\_

*(Telephone Number)*

**Nombre de este compania (su empleador)** \_\_\_\_\_

*(Name of the Company you work for)*

**¿Cuanto tiempo trabaja por esta compania?** \_\_\_\_\_

*(How long have you worked for this company?)*

**Fecha de empleado** \_\_\_\_\_

*(Date you were hired)*

**Classificacion de trabajo** \_\_\_\_\_

*(Job Classification)*

**Pago por la hora** \_\_\_\_\_

*(Hourly Wage)*

**¿Son Usted pago por cheque o al contado?** \_\_\_\_\_

*(Are you paid by check or paid in cash?)*

**¿Son los impuestos descontados de su paga?** \_\_\_\_\_

*(Are taxes deducted from your pay?)*

**¿Quien le paga?** \_\_\_\_\_

*(Who pays you?)*

**¿Hagale trabajo mas de 40 horas por la semana?** \_\_\_\_\_

*(Do you work more than 40 hours per week?)*

**¿Hagale recibe el tiempo y medio para trabajar mas de 40 horas?** \_\_\_\_\_

*(Do you receive over-time pay for working more than 40 hours?)*

**¿Quien es su supervisor?** \_\_\_\_\_

*(Who is your supervisor?)*

**¿Cuantas horas le hicieron trabaja la semana pasada?** \_\_\_\_\_

*(How many hours did you work last week?)*

**Lista de deducciones en su salario. ¿Usted autorizo o está de acuerdo con esta lista de deducciones?**

*(List deductions from your paycheck. Have you authorized or are you in agreement with the deductions listed?)*

**Mi empleador tiene permision para revisor esta informacion.** \_\_\_\_\_

*(My employer has my permission to review this information.)*

**La Firma (Signature)** \_\_\_\_\_

**La Fecha (Date)** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Interviewer evaluation:**

**Are certified payrolls required for this project?** \_\_\_\_\_

**\*Exempt projects are those located on a roadway classified as a local road or rural minor collector. If this is an exempt project, do not complete the remainder of this form.**

**Is the employee properly classified for work performed?** \_\_\_\_\_

**Is this classification included in the contract?** \_\_\_\_\_

**What is the wage rate required by the contract?** \_\_\_\_\_

**Does the certified payroll information submitted by contractor agree with the information provided by the employee interviewed?** \_\_\_\_\_

**Does it agree with the contract wage requirements?** \_\_\_\_\_

**List the week ending of the payroll checked** \_\_\_\_\_

**Name of the payroll checker:** \_\_\_\_\_