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Taken by	Wage Adjudication	
Date filed	Action	SIC Number

**INITIAL REPORT OR CLAIM**

**初始報告或索償**

**PLEASE PRINT ALL INFORMATION / 請用正楷書寫所有資料**

Your name / 您的姓名	Interpreter needed 需要口譯員否 <input type="checkbox"/> 是 <input type="checkbox"/> 否	Which language 何種語言 <input type="checkbox"/> 國語 <input type="checkbox"/> 粵語	Social Security Number 社會安全號碼	Date of Birth 出生日期
Your address - Number and street, apartment or space no. 您的住址- 街道, 公寓或單元號碼		Home phone no. 住宅電話 ( )	Work phone no. / current 工作 / 現時電話 ( )	
City, State, Zip Code / 城市, 州, 郵區編碼		California Driver's License No. / CA I.D. Number 加州駕駛執照號碼/加州身份證號碼		

**AGAINST / 所投訴之僱主**

Name of business / 公司名稱	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC-LLP <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Business sold <input type="checkbox"/> Business closed		<input type="checkbox"/> 公司 <input type="checkbox"/> 獨資 <input type="checkbox"/> 股東 <input type="checkbox"/> LLC-LLP <input type="checkbox"/> 破產 <input type="checkbox"/> 出讓 <input type="checkbox"/> 倒閉
Address of business, City, State, Zip Code / 公司地址, 城市, 州, 郵區編碼			
Name of person in charge / 負責人姓名	Telephone no. / 電話號碼	Type of business / 企業類型	No. of employees 職工人數
Type of work performed / 從事工作類型	Date of hire / 僱用日期	Public Works Project? <input type="checkbox"/> Yes 是 是否承做政府工程?	Was your job union? <input type="checkbox"/> Yes 是 是否有工會?
Location where work performed - Number and Street, City, State, Zip Code / 工作地點- 和街道號碼, 城市, 縣, 郵區編碼			

**WAGES - CONDITIONS OF EMPLOYMENT / 工資 - 雇用情況**

Rate of pay - per hour, day, week or month or piece rate (specify) 工資級別 - 每小時, 天, 週或月或按件計算 (說明) \$	Total hours worked / 工作總時數 By day 每天 By week 每週	Paid overtime / 支付加班費 By day 每天 By week 每週
Are you still working for this employer? <input type="checkbox"/> 被解僱 <input type="checkbox"/> 自己辭職 您仍然還在為此僱主工作嗎? <input type="checkbox"/> 是 <input type="checkbox"/> 否	On what date? 何日?	Were you paid at time of discharge? 解雇時有否付您工資? <input type="checkbox"/> 有 <input type="checkbox"/> 否
If quit, did you give 72 hours notice? 如您自己辭職, 有否給僱主給72小時通知? <input type="checkbox"/> 有 <input type="checkbox"/> 沒有	Have you asked for your wages? 您有要求您的工資嗎? <input type="checkbox"/> 有 <input type="checkbox"/> 沒有	If yes, on what date? 如果有, 何時要求?
How were you paid? <input type="checkbox"/> By check / 支票 <input type="checkbox"/> In cash / 現金	Given a deduction slip? <input type="checkbox"/> 給了 <input type="checkbox"/> 沒給 是否有給您已扣稅回執?	Did you keep a record of hours worked? <input type="checkbox"/> 有 <input type="checkbox"/> 沒有 您有否保留工時記錄?

**GROSS WAGES CLAIMED / 索取的工資**

From (date) / 工作日期從 月 / 日 / 年	To (date) / 到 (日期) 月 / 日 / 年	Number of hours, days, weeks or months (Specify: vacation, commission, expenses, overtime) 時數, 天數, 週或月數 (詳細說明: 休假, 佣金, 費用, 加班)
At the rate of - per hour, day, week or month (specify) 工資率- 每小時, 天, 週或月 (詳細說明) \$		Gross amount claimed 應收工資 \$
Brief explanation of issues (use additional sheet if necessary) 簡述欠薪概況 (如果需要, 可使用另外的紙)		Less amount paid: 已收工資: \$
		Amount claimed: 尚欠金額: \$

I hereby certify that this is a true statement to the best of my knowledge.  
 我謹此保證以上所述是根據我所知的實情作答。

Signed: \_\_\_\_\_  
 簽名:

Date: \_\_\_\_\_  
 日期: