

EMPLOYEE CLAIM FOR WAGE RESTITUTION

OMB Control No. 1600-0002
Expiration Date 09/30/2007

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TO: The General Accounting Office Claims Division Washington, DC 20548	Contract Number:
	Date of Claim:
	Employee's Full Name:

I hereby make claim for payment of unpaid wages due me in the amount of \$ _____

as an employee of _____
(Name of Contractor and/or Subcontractor)

performing the work under the above number at _____
(Work Locations)

_____, I was employed

as _____ during the period from _____
(Job Title) (mm-dd-yyyy)

to _____. This claim constitutes the total amount claimed due and unpaid
(mm-dd-yyyy)

for the period of employment indicated.

Employee's Address:

Employee's Signature: