

GENERAL SERVICES AGENCY

OFFICE OF LABOR STANDARDS ENFORCEMENT

PATRICK MULLIGAN, DIRECTOR



EMPLOYEE INTERVIEW FORM

Formula Retail Employee Rights Ordinances

Your Name	Your phone #
Your email address:	Date of hire
Most recent rate of pay \$ _____	Do you still work for this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> if no, when was your last day of work?
Job Title(s)	Who sets your schedule?
<p>For the period <beginning and ending date> did your employer provide you with your schedule 14 days in advance? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how many days in advance?</p> <p>Do you have pictures of any schedules? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>For the period <beginning and ending date> did your employer ever change your schedule with less than 7 days notice? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, on average, how many times per month was your schedule changed?</p> <p>Do you have texts, emails or copies of the schedules from employer changing it? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>If your schedule was changed with less than seven days' notice, did you get paid "predictability pay"?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>If your schedule was changed with less than twenty-four hours' notice, did you get paid "predictability pay"?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>If you are a part-time employee (less than 35 hours per week), For the period <beginning and ending date> were you offered additional hours in writing (job announcement posted or electronically)? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Does your employer provide health care? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what kind?</p>	
<p>Do you have anything to add?</p>	
<p>Employee signature _____ Date: _____</p>	