

GENERAL SERVICES AGENCY
OFFICE OF LABOR STANDARDS ENFORCEMENT
 PATRICK MULLIGAN, DIRECTOR



EMPLOYEE INTERVIEW FORM
Formula Retail Employee Rights Ordinances

Your Name	BUSINESS NAME
Your phone # and email address:	Your Address:
Date of hire:	Do you still work for this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, when was your last day of work?
Most recent rate of pay \$ _____	Job Title(s)
Manager's Name:	Who sets your schedule?
Does your employer provide you with your schedule at least 14 days in advance? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how many days in advance?	
In the last 3 years, has your employer ever changed your schedule with less than 7 days notice? Yes <input type="checkbox"/> No <input type="checkbox"/>	
In the last 3 years, has your employer ever changed your schedule with less than 24 hours notice? Yes <input type="checkbox"/> No <input type="checkbox"/>	
On average, how many times per month was your schedule changed with less than 7 days notice?	
If you are a part-time employee (less than 35 hours per week), Has your employer offered you additional hours in writing (job announcement posted or electronically)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any copies of the job offers? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your employer provide health care? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what kind?	
Do you have anything to add?	
Employee signature _____ Date: _____	
Interviewer Name and Org. _____ Date: _____	