U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT Office of Labor Relations FEDERAL LABOR STANDARDS QUESTIONNAIRE

HUD FORM 4730

OMB Approval No. 2501-0018 (Exp. 08/31/2010)

We are conducting a review of federal labor standards compliance on the project named below. We are asking for certain information regarding your employment on this project. Sending this questionnaire to you does not imply that your employer has violated any law.

Please respond to all of the questions listed below. Your responses will be considered confidential and will not be released to anyone without your permission. Your answers should refer only to the time during which you worked on this project. Please return the completed form as soon as possible, using the envelope provided, which needs no postage.

If you have any questions, please call:

Employer			Project name, number and location		
1. Your Name			2. Your Job	title	
3. When did you work on this project?			4. Where did	you work (job site, shop, etc)?	
From: 5. What duties did you perform on this process.		To:			
5. What duties did yo	ou perform on this p	roject?			
6. What tools did you use (if any) to perform your duties on the project?					
7. How were you paid? (hourly wage, salary, piece work, etc.)			8. If your wage was based on piece work, how was your pay determined (i.e., \$ per board, per unit, etc.)?		
,					
9. What was your hourly wage on this project?		10a. Did you receive fringe benefits?		10b. If yes, which fringe benefits did you receive?	
\$		Yes □ No □		Vacation	
		_		Pension Specify:	
11. On average, how many hours did work over 40 per week, did you rece		ceive	14. If you did <u>not</u> receive overtime pay for overtime hours worked, identify the number		
you work each week?	hours in a single week?	overtime pay (at least 1½ times your regular rate of pay)?		of weeks in which overtime was worked and/or total overtime hours	
	Yes 🗌 No 🗌	Yes 🗌 No			
15. Attach copies of check stubs or a record of your hours and pay received		16. Attach any other comments or statements on separate sheet			
☐ CHECK IF ATTACHED		☐ CHECK IF ATTACHED			

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17. Identify other employees (name, address, phone) who worked v performed	with you and who could confirm the type of work you
18. Identify employees (name, address, phone) you supervised	
Tel laentily employees (name, address, phone) year supervised	
I affirm that the information provided herein is accurate to the b	best of my knowledge.
Employee Name (Please print clearly)	Home Phone Number (including area code)
Current address (Include apartment number, if any) (Street/City/Stat Code)	ate/Zip Alternate Phone Number(s) (including area code)
,	,
Permanent/Alternate Address (if current address is temporary)	Email address
Signature	Date
Disclosure Authorization	
I authorize the HUD representative to disclose my name and the info	formation I have submitted to the extent necessary to
enforce my rights under the Acts administered by the U.S. Departme	nent of Housing and Urban Development.
Signature:	Date:
Public reporting burden for this collection of information is estimated to ave reviewing instructions, searching existing data sources, gathering and mair collection of information. The information is considered sensitive and will be	intaining data needed, and completing and reviewing the

voluntary. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number.

HUD and local agencies administering HUD-assisted programs must enforce Federal wage and reporting requirements on covered HUD-assisted construction and maintenance work. Enforcement activities include contacting laborers and mechanics and requesting information about their employment on covered projects.