



**San Francisco Office of Labor Standards Enforcement
Minimum Wage / Paid Sick Leave Employee Interview Form**

Please return this form by email to: mwo@sfgov.org or psl@sfgov.org ; mail to: OLSE, City Hall Room
430, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, or By fax to: (415) 554-6291

BUSINESS INFORMATION			
Business Name & Address:		Other Business Locations:	
Owner's Name & Phone Number:		Manager/Supervisor's Name & Phone Number:	
WORKER INFORMATION			
Name:		Phone Number:	
Address:		Email Address:	
Job Duties:			
Date of Hire:	How many hours do you work per day?	How many days per week?	How many hours per week?
Are you paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		Rate of pay now: \$ _____ Any changes in the last 3 years? Please list the rates and dates.	
How are you paid? <input type="checkbox"/> Check <input type="checkbox"/> Cash			
Have you called in sick? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your employer record your start and end time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Timecard <input type="checkbox"/> Computer <input type="checkbox"/> Sign-in sheet		Do you have paystubs/your own records of the hours worked? (i.e. in a notebook or calendar) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you paid for all hours worked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you receive overtime pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you taken unpaid leave? <input type="checkbox"/> Yes When? _____ <input type="checkbox"/> No			
Do you have any comments or complaints about your pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.			
Do you have anything to add?			

Interviewer Name: _____ Signature: _____

Place of Interview: _____ Date: _____