

*Employment Standards Ordinance - Claim Form*



| <u>Date Filed</u><br>(1/1/14) | <u>Claimant First, Last Name</u><br>(First, Last) | <u>Contact Information</u><br>(phone, mailing address) | <u>Period of Employment</u><br>(enter month, day, year) | <u>Last 4 Digits of Social Security Number</u> |
|-------------------------------|---|--|---|--|
|                               |   |  | From:<br>To:  |  |

| <u>Name &amp; Contact of Direct Supervisor</u><br>(First, Last & Phone number) | <u>Name and Address of Employer</u><br>(Must be located in SeaTac, WA) | <u>Identify category of Employer</u><br><u>List NAICS code if known</u><br>(Hospitality or Transportation) |
|--|--|--|
|  |  |  |

**NOTE:** Claimant agrees that Employer may be contacted to verify claim information being submitted

**Statement of claim:**

|   |
|---|
| <p align="center"> <i>I hereby certify under penalty of perjury under the laws of the State of Washington that the information submitted on this form is true and correct to the best of my knowledge and belief.</i> </p> <p align="right">             _____ (Signature of claimant)         </p> |
|---|

For proper claims processing please attach a copy of your most recent paystub from the employer who is the subject of your claim. The claim must relate to the employer, as defined by the Ordinance. The claimant must be an employee of named employer.

**Disclosure:** This claim form constitutes a public record. The information submitted to the City on this form may be subject to the public disclosure laws of the State of Washington.

**Note:** Pursuant to the Ordinance, receipt of this form does not mandate City action to enforce it. The City is obligated to review the submitted claim and may consider further action.

Completed forms along with any additional documentation can be submitted to the City Clerk's Office located on the first floor of City Hall (4800 South 188th Street)