

LOS ANGELES UNIFIED SCHOOL DISTRICT
Facilities Services Division
Facilities Support Services/Labor Compliance Department

FOR OFFICE USE ONLY
CASE NO.: _____
Date Rec'd.: _____
LCO _____
Date Return Fax _____

REVIEW & FEEDBACK FORM

Project: Job Site: _____

Contact No.: _____ Project No.: _____

Contractor Name: _____

Subcontractor Name: _____

The above -reference project were reviewed: no discrepancies have been found
 the following discrepancies have been found.

Name(s) of Employee (if available): _____

- Misclassification _____ Correct Classification _____
- Under reporting of Manpower: Dates _____ Reported _____
Actual Number of Workers on Project _____
- Under reporting of Hours: From Date _____ To Date _____
- Incorrect Hourly Rate: Rate Paid _____ Correct Rate _____
- Other: _____

Name of employee (if available): _____

- Misclassification: _____ Correct Classification: _____
- Under reporting of Manpower : Dates _____ Reported _____
Actual Number of Workers on Project _____
- Under reporting of Hours : From Date _____ To Date _____
- Incorrect Hourly Rate : Rate Paid _____ Correct Rate _____
- Others: _____

Submitted By:

Organization.: _____

Telephone No.: () _____ Fax No.: () _____

Reviewer Name

Signature

Please Return Via Fax to: (213) 241-8358

TO: _____

Fax No.: () _____