

# Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____					
<b>B</b>	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">} . . . . .</td><td rowspan="3"><b>B</b> _____</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	} . . . . .	<b>B</b> _____	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	
• You are single and have only one job; or	} . . . . .	<b>B</b> _____					
• You are married, have only one job, and your spouse does not work; or							
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.							
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____					
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____					
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____					
<b>F</b>	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____					
	( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"><li>• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.</li><li>• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.</li></ul>	<b>G</b> _____					
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____					
	For accuracy, complete all worksheets that apply. <table border="0"><tr><td>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td><td rowspan="3">} . . . . .</td><td rowspan="3"></td></tr><tr><td>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	} . . . . .		• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	} . . . . .						
• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.							
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.							

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>		<b>2008</b>
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6		\$
7 I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,000 \text{ if head of household} \\ \$5,450 \text{ if single or married filing separately} \end{array} \right\}$  **2** \$ \_\_\_\_\_
- 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2008 nonwage income (such as dividends or interest) **6** \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. If zero or less, enter "-0-" **7** \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction **8** \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet** (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." **2** \_\_\_\_\_
  - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** \_\_\_\_\_
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** \_\_\_\_\_
  - 5** Enter the number from line 1 of this worksheet **5** \_\_\_\_\_
  - 6** **Subtract** line 5 from line 4 **6** \_\_\_\_\_
  - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ \_\_\_\_\_
  - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ \_\_\_\_\_
  - 9** Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ \_\_\_\_\_

**Table 1**

<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$4,500	0	\$0 - \$6,500	0
4,501 - 10,000	1	6,501 - 12,000	1
10,001 - 18,000	2	12,001 - 20,000	2
18,001 - 22,000	3	20,001 - 27,000	3
22,001 - 27,000	4	27,001 - 35,000	4
27,001 - 33,000	5	35,001 - 50,000	5
33,001 - 40,000	6	50,001 - 65,000	6
40,001 - 50,000	7	65,001 - 80,000	7
50,001 - 55,000	8	80,001 - 95,000	8
55,001 - 60,000	9	95,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 100,000	12		
100,001 - 110,000	13		
110,001 - 120,000	14		
120,001 and over	15		

**Table 2**

<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
65,001 - 120,000	880	35,001 - 80,000	880
120,001 - 180,000	980	80,001 - 150,000	980
180,001 - 310,000	1,160	150,001 - 340,000	1,160
310,001 and over	1,230	340,001 and over	1,230

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Department of Homeland Security  
U.S. Citizenship and Immigration Services

# Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Verification.

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b>		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____		

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

## Section 2. Employer Review and Verification.

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
3 B's FORESTRY, INC., 527 Putnam Street, Medford, OR 97501		

## Section 3. Updating and Reverification.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.</b>	
Signature of Employer or Authorized Representative	Date (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR	AND	
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration ( <i>other than a card stating it is not valid for employment</i> )
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State ( <i>Form FS-545 or Form DS-1350</i> )
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card ( <i>Form I-197</i> )
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States ( <i>Form I-179</i> )
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS ( <i>other than those listed under List A</i> )
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

# 3 B's FORESTRY, INC.

## FARM/FOREST LABOR

527 Putnam Street

Medford, OR 97501

Blanca Escobedo, President

Otilio Escobedo, Vice-President

(541) 770-5210

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(how it appears on your social security card)

Telephone: \_\_\_\_\_ Social Security: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(# street) (city) (state) (zip code)

Permanent Address: \_\_\_\_\_  
(if different from above)

.....  
Have you applied for work with 3 B's FORESTRY, INC. before? \_\_\_\_\_

If you answered yes, when? \_\_\_\_\_

How many years experience do you have? \_\_\_\_\_

Past Experience \_\_\_\_\_

Are you at least 18 years of age? Yes ☐ No ☐

If you are hired, are you able to provide documentation of your citizenship or work permit while in the United States? Yes ☐ No ☐

Do you have any limitations that may interfere with your ability to perform well at the position you are applying for?

☐ Yes ☐ No

If you answered yes, explain your limitations. \_\_\_\_\_

Have you obtained any special skills from military service?

☐ Yes ☐ No

If you answered yes, explain: \_\_\_\_\_

In the event of an emergency contact \_\_\_\_\_

STATE CONTRACTORS LIC. #11562 & 11563

Form E-1 (Rev. 03/14/08) Page 1

# 3 B's FORESTRY, INC.

## FARM/FOREST LABOR

### NOTE

#### FOR ALL OF 3 B's FORESTRY, INC. EMPLOYEES

3 B's FORESTRY, INC. is committed to having a drug and alcohol free working facility.

It is prohibited that any employee be involved with the manufacturing, distribution, possession, or use of any illegal substances.

Any employee that violates the above stated rule can be subject to termination of employment. We will take action on such a violation.

.....

#### **AS A PREREQUISITE FOR EMPLOYMENT WITH THIS COMPANY ALL EMPLOYEES MUST:**

1. Abide by the terms set above.
2. Notify us in writing, if they have any violation that is drug related, that has occurred in the work place. This must be done within 5 days of the occurrence.

#### **ANY EMPLOYEE THAT VIOLATES THIS STIPULATION AND COMMITS A VIOLATION RELATED WITH DRUGS OR ALCOHOL IN THE WORK PLACE WILL BE SUBJECT TO:**

1. Any necessary means, including the termination of employment
2. Participate in a rehabilitation program. The program must be approved by a federal, state, local health department agency or any other appropriate agency.

.....

**I HAVE READ AND UNDERSTAND THE ABOVE STATED EXPECTATIONS TO KEEP OUR PLACE OF WORK FREE OF ALCOHOL AND ILLEGAL SUBSTANCES (DRUGS).**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



BUREAU OF LABOR AND INDUSTRIES  
Wage and Hour Division

**RIGHTS OF WORKERS**

**Farm and Forest Labor Contractor Law**

There are laws in Oregon which regulate the activities of Farm and Forest Labor Contractors. Under these laws, contractors are required to:

1. Have a license and show it to persons with whom he or she contracts.
2. Give to each worker the contractor hires, recruits, solicits or supplies, a written agreement which describes the terms and conditions of employment. This form must be written in English and in any other language used to communicate with workers.
3. Give to each worker a written form which describes the rights of employees. This form must be in English and in any other language used to communicate with workers.
4. Post a notice in a conspicuous place which says the contractor has the required bond or deposit. This notice must state that if the contractor owes wages to a worker and does not pay, the worker may make a claim against the bond or deposit.

Each worker has the right to take legal action against a contractor if that contractor violates certain laws regulating the contractor's activities. For information about your right to take legal action, call any office of the Bureau of Labor and Industries (see listing of offices on next page).

**The Minimum Wage**

Farm or forest labor contractors are required to pay their employees (except agricultural hand harvest labor and a few others) no less than the minimum wage. The minimum wage is \$7.95 per hour from January 1, 2008 through December 31, 2008. These laws do not apply to all workers. If you have questions, contact any office of the Bureau of Labor and Industries.

**Rest and Meal Periods**

Effective February 1, 2004, most agricultural employees in Oregon must receive rest breaks and meal periods. Employers must provide workers with a paid, uninterrupted 10-minute rest break for every four-hour segment or major portion thereof in the work period. Employers must provide employees with at least a 30-minute unpaid meal period when the work period is six hours or greater. There are some exceptions. For more information, contact any office of the Bureau of Labor and Industries.

**Federal Government Contracts**

If you are working under a federal government contract, the contractor for whom you work must pay you no less than the minimum wage. The minimum wage for these contracts is \$7.80 per hour from January 1, 2007 through December 31, 2007 except when a higher rate has been established. The contractor must post a notice in a conspicuous place which gives the minimum wage or the higher wage if it has been established.

There are other rights for employees that work under federal contracts. For information, call the Federal Department of Labor. The telephone number is (503) 326-3057, or write: U.S. Department of Labor, Wage & Hour Division, 1515 S.W. Fifth, Suite 1040, Portland, OR 97201.

(Continued on the Back)

## **Wage Claims**

If an employer owes wages to a worker and does not pay, the worker may file a claim for back wages. In order to file a claim, contact any office of the Bureau of Labor and Industries. It will be necessary to fill out a form and to provide other information about what you are owed.

## **On-the-Job Accidents**

Your employer is required to maintain an insurance policy which covers on-the-job accidents. Your employer should post a notice which provides information about this insurance.

The insurance company will pay the cost of medical treatment. It will also pay wages to the worker if he or she is unable to work because of the accident.

The employer is required to have a form which is used to notify the insurance company of the accident. Get one of these forms from your employer, fill it out and return it to him or her. He or she will send it to the insurance company. If you do not have a form or cannot get one from your employer, call the Workers Compensation Department at 1-800-452-0288 to obtain one.

## **Unemployment Benefits**

Oregon law provides benefits to persons who work, lose their jobs and are not able to find another one. These unemployed persons may receive payments from the State of Oregon for a limited amount of time while looking for a job. This law is complicated and is not detailed here. It is sufficient to say that some agricultural and forest workers have certain rights. If you are able to look for work, you may qualify for these benefits. Check with an office of the Oregon State Employment Department.

## **Laws Prohibiting Discrimination**

Oregon and federal civil rights laws forbid an employer or landlord to discriminate against a worker or tenant because of race, color, sex, national origin, or religion. An employer may not discriminate against a worker who has been injured on the job. Civil rights laws protect workers from additional kinds of discrimination and also give workers certain rights. For more information, call the Civil Rights Division of any office of the Oregon Bureau of Labor and Industries.

## **Offices of the Bureau of Labor and Industries**

### **Eugene**

1400 Executive Parkway, Suite 200  
Eugene, OR 97401  
(541) 686-7623  
TDY: (541) 686-7847

### **Medford**

119 N. Oakdale Avenue  
Medford OR 97501  
(541) 776-6270

### **Portland**

800 NE Oregon Street, #1045  
Portland, OR 97232-2180  
(971) 673-0761  
TDY: (971) 673-0766

### **Salem**

3865 Wolverine Street NE, Building E-1  
Salem, OR 97305-1268  
(503) 378-3292

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Employee Signature

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Date Received

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Printed Name

WH-151 (Rev. (1/08))