

Date:		
To:	Charles Groshens, Labor Compliance Unit Supervisor	
From:	Project Engineer/Manager Name:	
	Contracting Agency Name:	
	Address:	
	Phone Number:	
Subject:	Investigation Request Letter	
	State Project/Contract Number:	
	Minnesota Project Number (If applicable):	
	Project Location/Name:	
	Prime Contractor:	
	Subject Contractor:	
with the		empts to compelto comply  (Subject Contractor) at the MnDOT, Labor Compliance Unit (LCU), conduct an low:
☐ Missing or incomplete certified payroll reports		☐ Wages rate(s) reported are incorrect
☐ Overtime not paid after 8 hours per day or 40 hours per week		☐ Classification of labor assigned to worker(s) is incorrect
☐ Trucking and/or off-site material or product issues		☐ Deductions are not defined or appear to be excessive
☐ Fringe benefits are not defined or appear to be excessive		☐ Missing or incomplete month-end trucking reports
□ Apprei	ntice(s) not registered, working out of ratio or not perform	ing the work of the trade.
classifica	nistrative issues (i.e., poster board, request to sublet form, ration clarification request form, request for rate assignment issues:	t form, etc.)
identified	Contracting Agency Name)	ocumentation and correspondence related to each of the issues relevant contract specifications and contract wage and truck renta
	place a labor hold on this contract and will continue to with on from the LCU that the issues have been resolved. All f	hhold \$ for these issues until we receive future inquiries from the contractor(s) will be directed to the LCU.
Sincerely	7,	
Title:		
Cc: Pri	me Contractor:	
Sub	oject Contractor:	

Clancy Finnegan, MnDOT, LCU Team Leader