

COVERED WORKER REQUEST FOR AUTHORITY REVIEW

This form may be used by workers employed by a business employer operating at Reagan National or Dulles International Airport which is subject to the Airports Authority's Airport Workers Wage Program ("Program") who believe they have received wages from their employer that do, or may, not comply with the Program, and who seek to have the Airports Authority review those wages for compliance with the Program. Workers may not seek an Airports Authority review of their wages until after they have requested a review by their employer.

This form, when completed by workers, should be submitted by mail to the Airport where they work, as follows:

If Reagan National:

Ronald Reagan Washington National Airport
Washington, DC 20001-6000

Attention: Manager, Airport Administration
Department

If Dulles International:

Washington Dulles International Airport
P.O. Box 17045

Washington, DC 20041-0045
Attention: Manager, Airport Administration
Department

* * * * *

Name of worker making this request ("You"/"Your"): _____

Your email address: _____

Name of your employer ("Employer"): _____

Airport at which You work for Employer: _____

Date on which You began working for Employer at the Airport: _____

Have you requested Your Employer to review your believe that you have, or may have, been paid wages which do not comply with requirements of the Program? ___ Yes ___ No

If yes, did Your Employer respond to your request: ___ Yes ___ No

If Your Employer did respond:

State the date You received the response: _____

If the response was in writing, attach a copy of the written response

If the response was verbal, describe the verbal response: _____
