COVERED WORKER REQUEST FOR COVERED BUSINESS EMPLOYER 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 their employer review those wages for compliance with the Program.

This form, when completed by workers, should be submitted to their employer.

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

Name of your employer ("Employer"): _____

Airport at which You work for Employer: _____

With respect to the wages you received which you believe do, or may, not comply with the Program ("Wages"):

State the total amount of the Wages: _____

For each pay workweek during which the Wages were paid, state the workweek's starting and ending dates and the amount of Wages received for work in the workweek:

_____

_____

_____

_____

State the reasons You believe the Wages do not comply with requirements of the Program:

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(If needed, continue on sheets You attach to this form.)

_____ _____

Your Signature Date