

FLSA QUESTIONNAIRE

CITY OF NEW YORK

This questionnaire is designed to help us evaluate possible claims that the City of New York is not complying with the Fair Labor Standards Act. If possible, please complete this questionnaire on-line at our secure website, located at www.nypdflsa.com. If you cannot complete the questionnaire on-line, please complete this copy and mail it to Will Aitchison, Aitchison & Vick, Inc., 3021 N.E. Broadway, Portland, OR 97232. If you have any questions about the questionnaire, please call Will Aitchison at (503) 282-6160.

Date: _____

BACKGROUND INFORMATION

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Home _____ Work _____

Personal E-Mail Address: _____

Job Title or Classification: _____

Your Current Assignment: _____

All of the information from this point forward in the questionnaire refers to events occurring at any point over the last three years

CALCULATION OF OVERTIME RATE

Have you received shift differential? _____

What other forms of premium pay, specialty pay, incentive or hazardous duty pay have you received over the last three years? _____

If you have received premium, specialty, incentive, hazardous duty, or shift differential pay, was it included in the calculation of your overtime rate? _____

HOURS OF WORK ISSUES

Do you work the 5-2, 5-3 tour? _____ Yes _____ No If your answer is "no," please describe your work shift, including the length of the shift, the number of days worked in a row, and the number of days off : _____

Have you worked any of the following forms of **uncompensated** time?

- | | |
|---|--|
| <input type="checkbox"/> Off-duty tasks/care/maintenance | <input type="checkbox"/> Pre-shift preparation |
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Pre-shift patrol car assignment |
| <input type="checkbox"/> Canine | <input type="checkbox"/> Pre/post-shift load/unload patrol car |
| <input type="checkbox"/> Mounted Patrol | <input type="checkbox"/> Post-shift report writing |
| <input type="checkbox"/> Take-home car maintenance/cleaning | <input type="checkbox"/> Work as Field Training Officer |

Other: _____

If you checked any of the boxes above, please provide details as to what type of work was involved, when it was performed, and what supervisors knew of the work: _____

STANDBY AND ON-CALL ISSUES

If you were ever placed on standby status, please describe the circumstances, including the restrictions on your activities while on standby and the pay, if any, you received while on standby:

TRAINING ISSUES

Have you **attended** any training which resulted in you working longer than a 40-hour week without you receiving any additional compensation? Include, if applicable, such training as Academy training, SWAT, annual inservice training, and the like. If so, please describe the circumstances and frequency this has occurred: _____

Have you served as an **instructor or presenter** in any training which resulted in you working longer than a 40-hour week without you receiving any additional compensation? Include any off-duty preparation time or development of lesson plans and/or instructor work in recruit academy, if applicable. If so, please describe the circumstances and frequency this has occurred: _____

MEDICAL/PHYSICAL EXAMINATIONS

During the last three years, have you been subject to any employer-required medical or psychological evaluations by the City where you were not paid for the time spent during the evaluation? If you were required to take vacation or sick leave to account for the time spent in the evaluation, you should answer this question as if you were not paid for the time. **Include any annual physicals for which you were not paid, or any compulsory activities such as AA meetings.** Please provide details:

TRAVEL TIME ISSUES

Have you been required to travel on City business without being paid for all travel time? If so, please provide the details, provide any documents detailing dates of travel, time spent traveling and corresponding paychecks showing payment for travel hours showing pay period when travel was taken: Include such travel as work on extraditions, investigation, training, and the like:

COMPENSATORY TIME OFF ISSUES

If you have received compensatory time off in lieu of cash payment for overtime, please check which (if any) of the following box(es) apply to you:

- I have been denied the use of compensatory time off when the City could have filled in for me with another employee, even where the other employee would have been paid at the overtime rate.
- Some or all of the compensatory time off was accrued at the straight time rate rather than the overtime rate.
- I have forfeited compensatory time off without compensation.
- I have had more than 480 hours of compensatory time off on the books at any one time.
- I have had compensatory time off deducted because of the employer's travel time policies.

If you have ever been forced to accept compensatory time off in lieu of cash payment for overtime when you reached a certain amount of overtime worked (for example, 35 hours in a month, or 105 hours in a quarter), or if you feel you have been pressured or coerced to accept compensatory time off, please provide the details. _____

OTHER ISSUES

Have you been expected to work "voluntary" time or any hours for which you were not compensated? If so, please provide details as to what type of work was involved, when it was performed, and what supervisors knew of the work: _____

Is there any other way in which you feel you have not been fairly compensated for overtime hours worked? If so, please provide details. _____

If you are unable to fill out the on-line questionnaire, located at www.nypdflsa.com, please return this completed questionnaire to Will Aitchison, Aitchison & Vick, 3021 NE Broadway, Portland, OR 97232. If you have any questions, please call Will Aitchison, Mark Crabtree, or Carol Green at (503) 282-6160, or send an e-mail to will@aitchisonvick.com.