

OREGON BUREAU OF LABOR AND INDUSTRIES

Typhoon! Resolution Fund Claim Form

Commissioner Brad Avakian v. Typhoon! Inc. et al., BOLI HU # 77-11

1. Name of Claimant _____
2. Claimant's mailing address _____

3. Claimant's telephone number _____
4. Date hired by Typhoon! or restaurant owned by Typhoon! _____
5. Date employment terminated _____
6. If paid hourly, what was your hourly rate of pay? _____
7. If paid a salary, what was the salary and for what period? (Example: \$500 per week or \$1000 per month) _____

8. Were you paid by cash or by check or by other means? _____

9. How were you harmed by your employment with Typhoon? _____

10. With this form, submit documentation of your employment with Typhoon! or its subsidiaries and evidence of the period in which you were employed, such as copies of pay check stubs, a copy of your Employment Agreement for Employees on E-2 Visas, and copies of any other documents.
11. Submit a copy of picture identification that establishes your identity.

WHERE TO SUBMIT THIS FORM: Mail or hand deliver this claim form and documentation, or all of the information requested on this claim form in writing to:

Oregon Bureau of Labor and Industries
Civil Rights Division
Attn: Typhoon! Resolution Fund
800 NE Oregon Street #1045
Portland, OR 97232

THE COMMISSIONER OF THE BUREAU OF LABOR AND INDUSTRIES WILL DETERMINE WHO MAY QUALIFY FOR PAYMENT FROM THE FUND, AND WHAT, IF ANY AMOUNT OF COMPENSATION INDIVIDUAL CLAIMANTS MAY BE ENTITLED TO RECEIVE FROM THE FUND, USING A FORMULA AND PROTOCOL ESTABLISHED BY THE COMMISSIONER.