STATE OF CALIFORNIA
Department of Industrial Relations
Labor Commissioner's Office
Phone: 833-526-4636

Wage Claim Summary Report
Case Number: WC-CM-1174584
Date filed: 5/1/2026

Claimant Information

Are you submitting a wage claim for yourself or on behalf of the claimant? Yourself
Name: Timan Goshit
Birth Date: [redacted]
Cell Phone: [redacted]
Home Phone: [redacted]
Email: [redacted]
Alternate Contact: Timan Goshit
Address: [redacted]
Do you need an interpreter? No

Industry Information

What is the primary industry the employer engages in? Other
Provide a list of the job duties you performed: Product Management: Attended daily internal meetings as a core team member, including strategy, planning, and cross-functional sessions. Completed deliverables assigned by management with deadlines set by Fair Trade USA. Collaborated with internal teams on technology infrastructure and data management initiatives. Reported directly to senior management through regular 1:1 meetings. Performed work central to Fair Trade USA's core mission and technology operations

Claim Filed Against (Employer Information)

Employer/Business Type: Corporation
Business Name: TransFair USA dba Fair Trade USA
Address: 360 Grand Avenue #311 Oakland CA 94610
Business Phone: +1-510 663-5260
Email: lhollier@fairtradeusa.org
Total number of employees who worked for your employer at the time of your employment: 130
If you have documents with any information on it about the person or business you worked for, you can upload them here:
Is there a union contract covering your employment? No
Are other employees also filing wage claims against this employer? I don't know
Have you filed a Retaliation Complaint against your employer with the Labor Commissioner? No
Is this claim related to COVID-19? No
Name of person in charge of your work
Who paid you? Fair Trade USA
Who set your work schedule? Fair Trade USA
How did your employer keep track of the hours you worked? I don't know
Is this employer still in business? Yes
Has your employer recently closed their business, are they selling major assets such as the business or their property, or have they recently filed or threatened to file for bankruptcy? No
Did your employer's business change its name during your employment? No
Did your employer change the name of the business after your employment?: No

Other Work Location

Is the address where you worked different from the business address provided? Yes
Add the address where you reported for work
Address: 1550 Mission St Apt 808 San Francisco CA 94103
Phone: +1-617-335-0413

Label Information

Employment Status and Final Wages

Date of Hire: 09/11/2024
Name of person who hired you: Matt Pope
How were your wages paid? Debit Card
Were your wages always paid on the payday established by your employer? Yes
Did you receive itemized wage statements (pay stubs) when you received cash or check payments? No
Are you still working for the identified employer? No
Complete at least one of the following:: I was discharged/laid off
Discharged Date: 04/09/2026
Name of person who discharged you: Debbie Gray, Lequitta Hollier
Have you received all your wages owed to you? No
Explanation: Final invoices are processing as of 4/16/2026.

Payment of Wages

Wage type: Salary rate for each pay period
Were you paid or promised a FIXED amount of wages per pay period, no matter how many hours you worked? Example: $400 per week, regardless of how many hours you worked?
I was paid: $8750 Per Monthly
Start Date: 09/11/2024
End Date: 04/09/2026
I was promised: $8750 Per Monthly

Workweek and Workday

Does your employer follow the standard workweek of Sunday to Saturday? Yes
Do you know if your employer follows the standard workday of midnight to midnight? I don't know

Hours You Typically Worked

Select one of the following: My work hours and days of work were usually the same each week that I worked
Day: Monday
Shift Start Time: 09:00 AM
Shift End Time: 5:00 PM
Total Work Hours: 8hr 0min
Day: Tuesday
Shift Start Time: 09:00 AM
Shift End Time: 5:00 PM
Total Work Hours: 8hr 0min
Day: Wednesday
Shift Start Time: 09:00 AM
Shift End Time: 5:00 PM
Total Work Hours: 8hr 0min
Day: Thursday
Shift Start Time: 09:00 AM
Shift End Time: 5:00 PM
Total Work Hours: 8hr 0min
Day: Friday

Shift Start Time: 09:00 AM
Shift End Time: 5:00 PM
Total Work Hours: 8hr 0min
Were there any exceptions to your typical schedule -- days when you did not work? Example: laid off, vacation, sick leave, business closed by the employer No
Select any holidays you did not work:
New Year's Day (January 1)
Memorial Day (Last Monday in May)
4th of July
Labor Day (First Monday in September)
Thanksgiving (Fourth Thursday in November)
Christmas (December 25)

Wage Claims

Waiting Time Penalty Claim **You indicated earlier that your final wages were not paid in a timely manner or at all. This claim has been added.**
Date of discharge (MM/DD/YYYY): 04/09/2026
Number of days after termination you received check (maximum 30 days even if longer than 30 days): 15
Daily rate of pay: $ 403.79
Total amount paid by the employer for waiting time penalties: $ 8883

If there are any other claims you would like to make that are not listed here, please explain in the space provided. You have a 500 character limit I was verbally promised W-2 conversion by two successive managers over 12+ months. In reliance on this promise I declined a $172,000 job offer from The Connor Group in January 2026. The promise was never fulfilled and I was terminated in April 2026. I am claiming promissory estoppel/reliance damages (~$67,000+) and reimbursement of self-employment taxes paid due to misclassification (~$12,749).

Certification and Authorization

File Name
IMG_5443.PNG.pdf
IMG_5444.PNG.pdf
IMG_5441.PNG.pdf
DLSE_Form1_Timan_Goshit_Final (1) (1).docx
Timan Goshit 1099_2025.pdf
Timan Goshit 1099_2024.pdf
T. Goshit Consultant Separation Agreement (1).pdf
Certification Statement By submitting this form, I hereby certify that the information I have provided is true to the best of my knowledge and/or recollection, and I further acknowledge that this information is being collected by the State and may be shared with another state agency or private party in accordance with California Civil Code section 1798.24 and the Information Practices Act of 1977 generally. For more information regarding the Department of Industrial Relation's Privacy Policy, please go to www.dir.ca.gov/od_pub/privacy.html.
Authorization Date: 05/01T08:41:48.839Z/2026
Authorized by: Timan Goshit