

# Minimum Wage Claim Form

INDUSTRIAL COMMISSION OF ARIZONA  
LABOR DEPARTMENT  
P.O. BOX 19070  
PHOENIX, ARIZONA 85005-9070  
PHONE (602) 542-4515 FAX 602-542-8097

# MINIMUM WAGE CLAIM

MW # \_\_\_\_\_  
(FOR OFFICE USE ONLY)

## CLAIMANT INFORMATION:

*Last Name:	*First Name:	MI:	*DOB:
*Address (including Apartment No., if applicable):			E-Mail Address:
*City:	*State:	*Zip Code:	*Telephone Number:
			Cell Phone Number:

The Labor Department will keep your name and identity confidential for as long as possible. However, IF THE LABOR DEPARTMENT DETERMINES THAT YOUR NAME MUST BE DISCLOSED IN ORDER TO INVESTIGATE YOUR CLAIM, YOUR NAME WILL ONLY BE DISCLOSED WITH YOUR CONSENT. If you do not agree to the release of your name, the Labor Department will not be able to issue a determination that requires your employer to compensate you for amounts that you may be owed. Pursuant to A.R.S. § 23-364(B), it is illegal for your employer to retaliate against you for filing this Minimum Wage Claim.

### \*Check One Box:

- I understand my right to confidentiality and **I AGREE** that the Labor Department may release my name to my employer if necessary to investigate my complaint.
- I understand my right to confidentiality and **DO NOT** want my name released to my employer. I understand that the Labor Department will not be able to issue a determination that requires my employer to compensate me for amounts that may be owed.

\*Select ONE preferred method of communication and service:  E-Mail (include e-mail address above)  U.S. Mail  
Note: You must promptly notify the Labor Department of any changes to your address, telephone number, or e-mail address.

## EMPLOYER INFORMATION:

*Employer Name (as indicated on a paystub or tax form):	Supervisor:	*Telephone Number:
*Address (including Suite No., if applicable):		
*City:	*State:	*Zip Code:
		Owner's Name(s):
Owner's Mailing or E-Mail Address (if available):		
Additional Information (business e-mail address, corporate name, additional business addresses, owner's cell phone number, etc.):		

## EMPLOYMENT INFORMATION:

\*Your Job Title: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_  
Address Where Work Was Performed: \_\_\_\_\_  
\*Start Date of Employment: \_\_\_\_\_ \*Last Date of Employment: \_\_\_\_\_  
\*Your Rate of Pay: \$ \_\_\_\_\_  Hourly  Commission  Other \_\_\_\_\_  
How Often Were You Paid:  Weekly  Bi-Weekly  Semi-Monthly  Monthly \_\_\_\_\_  
How Were You Paid:  Check  Cash  Direct Deposit  Pay Card  Other \_\_\_\_\_

## COMPLAINT INFORMATION:

Were you an Independent Contractor?  Yes  No Explain: \_\_\_\_\_  
How much money are you owed as a result of not receiving minimum wage: \$ \_\_\_\_\_  
\*What dates were you paid below minimum wage: From: \_\_\_\_\_ To: \_\_\_\_\_  
Did you receive tips:  Yes  No  
If yes, in what form were tips paid:  Cash  Credit Cards  Both  Other \_\_\_\_\_  
Note: If you wish to pursue a minimum wage retaliation claim, you must also complete the Retaliation Complaint Form.

**Minimum Wage Claim Form**

Indicate, by 7-day pay period or workweek, all hours worked and how much minimum wage was not received for each 7-day workweek. You must provide this information for each 7-day workweek that you claim not to have received minimum wage.

**NOTE: ATTACH PAY STUBS OR ADDITIONAL SUPPORTING DOCUMENTATION.**

7-Day Workweek MM/DD/YY to MM/DD/YY	HOURS WORKED	RATE OF PAY	TIPS RECEIVED	GROSS EARNED	SHORTED WAGE
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-					
-					
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**\*TOTAL SHORTED AMOUNT:** \_\_\_\_\_

NOTE: SUBMITTING AN INCOMPLETE MINIMUM WAGE CLAIM FORM MAY DELAY OR RESULT IN DISMISSAL OF YOUR CLAIM.

I hereby certify that this is a true statement to the best of my knowledge and further certify that the above-listed information is complete and accurate. I understand that acceptance of this Minimum Wage Claim by the Labor Department does not guarantee an award or collections of an award. I authorize the Labor Department to receive monies due to me and to mail such monies at my own risk. (Checks may be picked up or will be mailed to the address on file at the Labor Department.)

\*I have supporting documents and evidence related to my Minimum Wage Claim, which may include relevant pay stubs and other supporting information.  Yes  No If "Yes," you must promptly submit your supporting documents and evidence to the Labor Department by U.S. Mail (P.O. Box 19070, Phoenix, AZ 85005-9070), Fax (602-542-8097), or e-mail (Laborinv@azica.gov).

\*Date: \_\_\_\_\_ \*Claimant's Name: \_\_\_\_\_ / \_\_\_\_\_  
 Print Signature

\* = Required Field