



**Complete the sections that apply to your wage claim. Attach supporting documents.**

<b>Hourly</b>				<b>Effective Dates, use "mm/dd/yyyy" format</b>	
No. of hours unpaid	X \$	(rate of pay) =	\$	From	To
<b>Salary</b>					
Hours	Days	Weeks			
Total of:	X \$	(rate of pay) =	\$	From	To
<b>Commission</b>					
Explain commission agreement (Submit on separate sheet of paper)					
Total sales amount \$	X	% =	\$	From	To
<b>Piece Rate</b>					
Was job based on completion of work? Yes No					
Enter Amount Owed			\$	From	To
<b>Vacation/PTO/Sick Time</b>					
Hours	Days	Weeks	Submit copy of policy		
Total of	X \$	(rate of pay) =	\$	From	To
<b>Bonus</b>					
Explain bonus agreement (Submit on separate sheet of paper)					
Enter amount of bonus owed.			\$	From	To
<b>Unauthorized Deductions</b>					
Submit copy of paystub(s)					
Enter amount			\$	From	To
<b>Mileage</b>					
(Number of miles)	X	Cents per mile. =	\$	From	To
<b>NSF Check(s)</b>					
Submit bank documents					
Enter amount			\$	From	To
<b>Other</b>					
<b>(Attach an explanation on a separate sheet of paper)</b>					
Enter amount			\$	From	To

**Enter Total Gross Amount** \$  
(Do not deduct any taxes)

IF YOUR WAGE CLAIM IS INCOMPLETE IT MAY BE RETURNED TO YOU; AN INCOMPLETE WAGE CLAIM MAY DELAY THE PROCESS OR EVEN CAUSE A DISMISSAL OF YOUR WAGE CLAIM.

I hereby certify that this is a true and accurate statement to the best of my knowledge. I understand that acceptance of this claim by the Labor Department does not guarantee collections. I authorize the Labor Department to receive any monies due to me and to mail such monies at my own risk. (Checks will be mailed certified to your address listed with the Labor Department.)

Date \_\_\_\_\_ Claimant's Signature \_\_\_\_\_

Office intake CSR Signature \_\_\_\_\_ Date \_\_\_\_\_



Print Your Name: \_\_\_\_\_

**1.**

**READ THOROUGHLY & INITIAL:**

- \_\_\_\_\_ The amount owed cannot exceed \$5,000.00.
- \_\_\_\_\_ Wages may be filed as long as it is within one (1) year from the accrual of wages.
- \_\_\_\_\_ We are not able to accept any request for confidentiality.
- \_\_\_\_\_ Return any employer's property, before filing a claim, value of property may be deducted.
- \_\_\_\_\_ The form needs to be readable, or it will be returned.
- \_\_\_\_\_ Any additional wages owed after the filing of a claim, the Dept. will close current claim and have you refile.
- \_\_\_\_\_ The Department strives to resolve the unpaid wage claim within 90 days.

**2. FILLED OUT THE ATTACHED WAGE CLAIM FORM**

**3.**

**INDICATE TYPE OF WAGES:**

\_\_\_ HOURLY, \_\_\_ SALARY, \_\_\_ VACATION, \_\_\_ MILEAGE, \_\_\_ COMMISSION, \_\_\_ NSF, \_\_\_ OTHER \_\_\_\_\_,

**VERIFY THAT THE INFORMATION BELOW WAS PROVIDED, BY INDICATING YES OR NO.**

- 1 Your complete Name & physical or mailing address, phone, cell #, e-mail entered? **YES NO**
- 2 **Name of Business** or Responsible party, physical or mailing address, phone #, email entered? **YES NO**
- 3 **Start & Last** date of employment entered? **YES NO**
- 4 A copy of the agreement attached? (or explain on separate sheet of paper) **YES NO**
- 5 Dates are entered with **Month/Day/Year**? **YES NO**
- 6 Copy of paystub, and timecards submitted? **YES NO**
- 7 Co Policy, paystub, Stop payment or NSF check, Commission/Mileage Breakdown, Attached? **YES NO**
- 8 Did you print & sign your name with current date? **YES NO**

**A COPY OF A PHOTO ID IS REQUIRED, ALONG WITH ANY PROOF OF EMPLOYMENT**

Was this checklist helpful? Yes No If no, please comment: \_\_\_\_\_

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