THE INDUSTRIAL COMMISSION OF ARIZONA

LABOR DEPARTMENT

P.O. Box 19070
Phoenix, Arizona 85005-9070

STEVEN WELKER, DIRECTOR
PHONE: (602) 542-4515
FAX: (602) 542-8097

The Earned Paid Sick Time Claim Form is used only for sick time accrual, noncompliance issues, usage, payment provisions, and/or failure to post the required notice in the workplace.

DO NOT use this form for any other issues (i.e. unpaid or missing wages, wages below the current minimum wage, mileage, unauthorized deductions, vacation, etc.).

INSTRUCTIONS FOR FILING AN EARNED PAID SICK TIME COMPLAINT

In order to best serve you, please follow these simple steps when filing your claim.

- The completed form can be submitted by: Email: Laborinv@azica.gov, Fax: (602) 542-8097, or Mail.
- Claims must be filed within one (1) year from the date the wages were due.
- Please contact the Department immediately if you move and/or change your address.
- You must check one of the boxes on the second page, whether or not you consent to reveal your name to the employer.
- Answer all questions on the complaint form completely. Incomplete responses may delay or hinder the processing of your claim.
- All complaints must be signed by the claimant and dated before returning to the Department of Labor.
- Please provide one copy of the complaint form to the Department of Labor and retain a copy for your records. The Department is not responsible for the loss or damage of originals.
- Submit, with your complaint form, one copy of any documents that are relevant to your complaint and retain one copy for your records. These items may assist in the investigation process. The Department is not responsible for the loss or damage of originals.

Earned Paid Sick Time Claim
(Pursuant to A.R.S. §23-364)

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PHOENIX, ARIZONA 85005-9070
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EARNED PAID SICK TIME

EPST # _____
(FOR OFFICE USE ONLY)

CLAIMANT INFORMATION:

Last Name:	First Name:	MI:	DOB:
Address:	Apt. No.	Email Address:	
City:	State: Zip Code:	Telephone No.	Cell Phone No.

Employer Business Name:	Supervisor:	Telephone No.
Address:		Suite No.
City: State: Zip Code:		Owner's Name(s):

Owner's Mailing or Email Address (if available):

Additional Information (business email address, corporate name, additional address, owner's cell phone number, etc.):

EMPLOYMENT INFORMATION:

Job Title: _____ Type of Work Performed: _____

Address where work was performed: _____

Start Date of Employment: _____ Last Date of Employment: _____

Rate of Pay: $ _____ ☐ Hourly ☐ Commission ☐ Other _____

How Often Were You Paid: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly _____

WHEN EARNED PAID SICK TIME (EPST) VIOLATION OCCCURED: _____

TOTAL DOLLAR VALUE OF EPST YOU ARE CLAIMING: _____

TOTAL NUMBER OF HOURS OF EPST YOU ARE CLAIMING: _____

☐ **Please check the box if this is a complaint (and not an EPST wage claim) and explain your complaint on page 2.**

COMPLAINT INFORMATION:

Have you filed a civil suit or other complaint regarding this matter?	☐ Yes	☐ No
Are you currently working for this employer?	☐ Yes	☐ No
Is the employer still in business?	☐ Yes	☐ No
Do you have a copy of your employer's EPST policy? **IF YES, 'ATTACH EPST POLICY'**	☐ Yes	☐ No
Do you have records of payment and/or pay stubs? **IF YES, 'ATTACH EPST POLICY'**	☐ Yes	☐ No

ATTACH SUPPORTING DOCUMENTS HERE

Continue to 2nd page

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Additional Information/Narrative Description:

WHERE THE INDUSTRIAL COMMISSION DETERMINES THAT YOUR NAME MUST BE DISCLOSED IN ORDER TO INVESTIGATE A COMPLAINT FURTHER, IT MAY DO SO ONLY WITH YOUR CONSENT.

Check One Box: ☐ I do **NOT** want my name revealed to my employer.
☐ My name **MAY BE** revealed to my employer.

FAILURE TO FULLY COMPLETE THE EPST CLAIM FORM MAY DELAY OR HINDER PROCESSING OF YOUR CLAIM.

I hereby certify that this is a true statement to the best of my knowledge. I agree to advise the Labor Department of any changes to my mailing address. I authorize the Labor Department to receive monies due to me and to mail such monies at my own risk.

Date: _____ Claimant's Name: _____/_____
Print Signature

Date: _____ CSR Name: _____ ☐Email ☐Fax ☐Mail ☐Online ☐Walk-in