

Unpaid 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

WAGE CLAIM NO. _____
(FOR OFFICE USE ONLY)
AMOUNT \$ _____
(FOR OFFICE USE ONLY)

Claimant Information:

*Last Name:		*First Name:		MI:	*D.O.B.:	
*Address (including Apartment No., if applicable):				*City:	*State:	*Zip:
* E-Mail Address:			*Telephone Number:		Cell Phone Number:	
*Select ONE preferred method of communication and service: <input type="checkbox"/> E-Mail (include e-mail address above) <input type="checkbox"/> 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 paystub or taxform):		*Telephone Number:	*Type of Business:			
*Address (including Suite No., if applicable):			*City:	*State:	*Zip:	
Owner's Name:			Owner's Mailing or E-Mail Address:			
Additional Information (business e-mail address, corporate name, additional business addresses, owner's cell phone number, etc.):						

Job Information:

*Your Job Title: _____ Type of work performed: _____

Who hired you: _____ Their Title/Position: _____

Who supervised you: _____ Their Title/Position: _____

Address where work was done (if different than above): _____

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

*Rate of pay \$ _____ per: Hour Day Week Monthly Other _____

How often were you paid: Weekly Bi-Weekly Semi-Monthly Monthly Other _____

Was the wage agreement: Written Verbal (if written, please submit a copy to the Labor Department)

How were you paid: Check Cash Direct Deposit Pay Card Other _____

General Job Information Questions:

Was the job contracted in Arizona? Yes No If no, Where? _____

Did you quit? Yes No If yes, Why? _____

Were you discharged? Yes No If yes, Why? _____

Do you owe money to the employer? Yes No If yes, how much? \$ _____ Explain: _____

Do you have any employer property? Yes No If yes, what property? _____

Is the employer still in business? Yes No

Has the employer filed bankruptcy? Yes No

Were you an employee or Independent Contractor? Employee Independent Contractor I don't know

Note: The Labor Department does not have jurisdiction over independent contractor relationships.

Did the employer withhold taxes? Yes No

Did the employer use time cards? Yes No

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FILL OUT **ONLY** THE SECTION(S) THAT APPLY AND ATTACH SUPPORTING DOCUMENTS.

HOURLY:			AMT OWED	* DATES BY	MM/DD/YY
Number of hours unpaid	X	(rate of pay)	\$	From	to
SALARY:					
Circle one:					
Hours/Days/Weeks	X	(rate of pay)	\$	From	to:
COMMISSION:					
Gross Sales \$	X	%	\$	From	to
PIECE RATE:					
Was job based on completion of work? Yes/No			\$	From	to
VACATION/PTO:					
Circle one:					
Hours/Days/Weeks	X	(rate of pay)	\$	From	to
BONUS:					
Submit an explanation on a separate sheet of paper			\$	From	to
UNAUTHORIZED DEDUCTION:					
Submit a copy of the paystub(s) showing the deduction(s)			\$	From	to
MILEAGE:					
Number of Miles:	X	¢ per mile	\$	From	to
NSF CHECKS:					
Submit bank documents or a copy of the NSF check			\$	From	to
OTHER:					
Submit an explanation on a separate sheet of paper			\$	From	to

***TOTAL GROSS AMOUNT OWED: \$** _____
 (Do not deduct taxes)

NOTE: SUBMITTING AN INCOMPLETE UNPAID 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 Unpaid 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 Unpaid Wage Claim, including relevant pay stubs. 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**