



Wage Claim Form

Pursuant to ARS §23-356

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

Wage Claim No: \_\_\_\_\_
Amount of Claim: \_\_\_\_\_
W/I Intake Date: \_\_\_\_\_
Staff: \_\_\_\_\_

Claimant Information

Form with fields: Your Last Name, First Name, MI, Social Security Number\*, DOB, Address, City, State, Zip, Email, Phone

Employer Information

Form with fields: Business Name, Phone, Type of Business, Address, City, State, Zip, Owner's Name, Owner's Address (if available), Additional Information (Corporate Name, Mailing Address, addl. phone numbers)

Job Information

Form with fields: Your job title, Type of work performed, Who hired you, Their title/ position, Who supervised you, Their title/position, Address where work was done, Start date of employment, Last date of employment, Rate of pay, Per: Hour Day Week Month Year Other, How often were you paid?, Weekly Bi-Weekly Semi-Monthly Bi-Monthly Other?, Was wage agreement?, Written Verbal (if written provide copy), How were you paid?, Check Cash Direct Deposit Pay Card Other?

General Job Information Questions

Form with 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, \$ Explain: Do you have employer's property? Yes No If yes, what? Did you ask for your wages? Yes No If yes, enter date(s). Reason given for non-payment of wages: Is the employer still in business? Yes No Did the employer file bankruptcy? Yes No Were you an Independent Contractor? Yes No Did your employer withhold taxes? Yes No Did the employer keep time cards? Yes No

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\*Disclosing your social security number is voluntary. It will assist in processing your claim. It will also be used by this agency in carrying out its other duties including, but not limited to; proper identification, law enforcement, claim processing and program administration.

**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 \_\_\_\_\_