



Wage Claim Form

Oklahoma Department of Labor
www.labor.ok.gov

Oklahoma Dept of Labor
 Attn: ESD
 409 NE 28th St, 3rd Floor
 Oklahoma City, OK 73105
 405-521-6100
 888-269-5353

Before completing this form **PLEASE READ ALL INSTRUCTIONS** printed on the reverse side.

EMPLOYEE / CLAIMANT	FILED AGAINST / RESPONDENT
YOUR NAME AGE GENDER	CLAIM FILED AGAINST (EMPLOYER/BUSINESS NAME)
YOUR PHONE NUMBER(S)	OWNER/MANAGER
YOUR EMAIL	BUSINESS TELEPHONE AND/OR EMAIL
YOUR MAILING ADDRESS	BUSINESS MAILING ADDRESS
CITY STATE ZIP	CITY STATE ZIP
DESCRIBE WORK PERFORMED	TYPE OF BUSINESS OR INDUSTRY
ARE YOU AN INDEPENDENT CONTRACTOR? Yes or No	ADDRESS WHERE WORK WAS PERFORMED: ALTERNATE MAILING ADDRESS FOR THE BUSINESS AND/OR OWNER:
ARE YOU A MEMBER OF A UNION? Yes or No	
HAVE YOU ASKED FOR YOUR WAGES? Yes or No	
DO YOU HAVE ANY OF THE EMPLOYER'S PROPERTY? Yes or No	DATES OF EMPLOYMENT: MUST PROVIDE MONTH, DAY AND YEAR TO PURSUE CLAIM ____ / ____ / ____ TO ____ / ____ / ____ MONTH DAY YEAR MONTH DAY YEAR WHAT IS THE NAME OF PERSON WHO HIRED YOU?
DO YOU OWE THE EMPLOYER ANY MONEY? Yes or No	
IS THE BUSINESS STILL OPEN AND OPERATING? Yes or No	
HAS BUSINESS FILED BANKRUPTCY? Yes or No If yes, case number:	
DID YOUR EMPLOYER PROVIDE A PAY STUB SHOWING DEDUCTIONS WITH EACH PAYMENT OF WAGES? Yes or No	WHAT TYPE WAS YOUR EMPLOYMENT AGREEMENT: Oral or Written IF WRITTEN, DO YOU HAVE A COPY? Yes or No WAS YOUR RATE OF PAY: HOURLY or SALARY and/or COMMISSION WHAT WAS YOUR AGREED RATE OF PAY? \$ _____ . _____ PER HOUR / WEEK / MONTH / YEAR / UNIT AND / OR _____ % COMMISSION** ** PLEASE EXPLAIN HOW COMMISSION WAS CALCULATED ON THE BACK OF FORM**
WERE TAXES WITHHELD FROM YOUR CHECK? Yes or No	
DID YOU AUTHORIZE DEDUCTIONS OTHER THAN TAXES? Yes or No	
IF YES, WHAT?:	
WERE REGULAR WORKING HOURS SET BY THE EMPLOYER? Yes or No	
IF FILING FOR A BENEFIT SUCH AS VACATION, BONUS, HOLIDAY PAY, SEVERANCE, ETC, DO YOU HAVE A COPY OF THE EMPLOYER'S WRITTEN POLICY? Yes or No	
REASON GIVEN BY EMPLOYER FOR NON-PAYMENT OF WAGES:	WERE PAYDAYS SCHEDULED: (circle one) DAILY / WEEKLY / MONTHLY / EVERY OTHER WEEK / TWICE PER MONTH
IF YOU HAVE RETAINED AN ATTORNEY PLEASE PROVIDE NAME AND PHONE NUMBER:	IF YOU HAVE FILED IN CIVIL COURT PLEASE PROVIDE THE CASE NUMBER:
DOLLAR AMOUNT OF YOUR CLAIM BEFORE TAXES:	AMOUNTS & DATE(S) WAGES WERE DUE: MONTH / DAY / YEAR
+ \$ _____ REGULAR WAGES	EXAMPLE: \$500.00 DUE 01/15/2017 \$200.00 DUE 02/01/2017
+ \$ _____ COMMISSION	
+ \$ _____ MINIMUM WAGE (\$7.25/HR)	
+ \$ _____ BENEFIT (VACATION, BONUS, HOLIDAY PAY, ETC.)	
+ \$ _____ UNAUTHORIZED DEDUCTIONS	
+ \$ _____ OVERTIME (PROVIDE PROOF OF PRIOR PAYMENT)	
+ \$ _____ MISCELLANEOUS (EXPLAIN ON BACK OF FORM)	
= \$ _____ TOTAL (CLAIM CANNOT BE PURSUED WITHOUT A DOLLAR AMOUNT CLAIMED LISTED) (YOU MUST ALSO EXPLAIN IN WRITING HOW YOU ARRIVED AT THE DOLLAR AMOUNT YOU ARE CLAIMING)	

OFFICE USE ONLY: Walk In: Yes No DATE FILED ____ / ____ / ____ CLAIM NUMBER _____ LCO _____

Instructions for Filing a Wage Claim Form

The Oklahoma Department of Labor (ODOL) serves as an advocate for Oklahoma's workforce. ODOL labor compliance officers investigate the validity of wage claims and, if warranted, will issue orders demanding payment on behalf of employees. For more information about Oklahoma wage laws, access the ODOL website at oklahoma.gov/labor.

Please read and follow the instructions below:

- To assist the ODOL process your claim and to expedite our investigation, you **must have asked** your employer for the wages you believe are due you before completing and filing this form with ODOL.
- This form **must be filled in completely**. Be thorough when explaining your claim including all dates related to your claim.
- This claim form **must be signed or it will be returned to you**, causing a delay in processing your claim. You can personally return or mail your completed claim form to the office of the Oklahoma Department of Labor (409 NE 28th St, 3rd Floor, Oklahoma City, OK 73105).
- Your employer will be notified via Priority Mail of your complaint and must respond in writing to your investigating officer within 15 calendar days of receipt of the claim. This response period may be extended by your investigative officer for good cause. We **must have a valid mailing address for the business you are filing your claim against in order to process your claim**.
- Attach any documents (i.e. time sheets, company policy, prior pay stubs, etc.) if available to avoid any delays in processing time.

USE THIS SPACE FOR FURTHER DETAIL IF NECESSARY, OR ATTACH ADDITIONAL INFORMATION:

PERSON THROUGH WHOM YOU CAN **ALWAYS** BE REACHED:

NAME: _____ TELEPHONE: _____ RELATIONSHIP: _____

In accordance with 12 O.S. §426,¹ I state, under penalty of perjury, under the laws of the State of Oklahoma that the foregoing wage claim is true and correct.

Date: _____ County & City where signed: _____

Signature: _____

¹12 O.S. §426 Whenever, under any law of Oklahoma or under any rule, order, or requirement made pursuant to the law of Oklahoma, any matter is required or permitted to be supported, evidenced, established, or proved by the sworn statement, declaration, verification, certificate, oath, or affidavit, in writing of the person making the same (other than a deposition, or any oath of office, or an oath required to be taken before a specified official other than a notary public), the matter may with like force and effect be supported, evidenced, established, or proved by the unsworn statement in writing of the person made and signed under penalty of perjury setting forth the date and place of execution and that it is made under the laws of Oklahoma . . . The signed statement under penalty of perjury shall constitute a legally binding assertion that the contents of the statement to which it refers are true.