Employer's Wage Claim Response Form

Oklahoma Department of Labor

www.labor.ok.gov

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

1. CLAIMANT NAME   EMPLOYER   FILE DATE

2. NAME OF BUSINESS   TELEPHONE

3. BUSINESS ADDRESS   CITY   STATE   ZIP CODE

4. POINT OF CONTACT NAME   CONTACT EMAIL   TELEPHONE

ADDRESS   CITY   STATE   ZIP CODE

5. FEDERAL ID NO.   IS THE BUSINESS INCORPORATED?   ANNUAL DOLLAR VOLUME
                              ☐ YES   ☐ NO

6. COMPANY PRESIDENT/OWNER   TELEPHONE

ADDRESS   CITY   STATE   ZIP CODE

7. COMPANY VICE PRESIDENT/MANAGER   TELEPHONE

ADDRESS   CITY   STATE   ZIP CODE

8. COMPANY SECRETARY/TREASURER   TELEPHONE

ADDRESS   CITY   STATE   ZIP CODE

9. SERVICE AGENT   TELEPHONE

ADDRESS   CITY   STATE   ZIP CODE

10. IS THE CLAIMANT RELATED TO OWNER/OFFICER OF BUSINESS?
    ☐ YES   ☐ NO   If yes, what is the relationship?

11. IS BUSINESS STILL OPERATING?   CURRENT NUMBER OF EMPLOYEES
    ☐ YES   ☐ NO

12. IF BUSINESS IS CLOSED, HAS ANY ACTION BEEN FILED IN BANKRUPTCY COURT?
    ☐ YES   ☐ NO   Trustee's Name: _____ Case #: _____
                     Trustee's Complete Address: _____
                     Bankruptcy Attorney (if any): _____ Contact Telephone: _____

13. LIST OTHER BUSINESSES OPERATED BY CORPORATION OR OWNER

EMPLOYMENT AGREEMENT

14. WHO HIRED CLAIMANT?   DATE OF HIRE

15. CLAIMANT'S STARTING EMPLOYMENT DATE   LAST DAY OF EMPLOYMENT

16. WHAT WAS AGREED PAY PERIOD? **(ATTACH PAYROLL RECORDS)**

17. WHAT WAS AGREED RATE OF PAY (If more than one type of wage, fill in
    each amount AND attach supporting documents)   USE THIS SPACE TO EXPLAIN:

    $_____REGULAR   _____
    $_____COMMISSION   _____
    $_____MINIMUM WAGE   _____
    $_____BENEFITS   _____
    $_____OVERTIME   _____
                                          _____
    $_____MISC.   _____

18. WAS AGREEMENT

    ☐ ORAL   ☐ WRITTEN (**ATTACH COPY)**

DOES CLAIMANT HAVE ANY OF YOUR PROPERTY?

    ☐ YES   ☐ NO   If yes, explain:

---

19. DID CLAIMANT SIGN ANY DOCUMENTS AUTHORIZING DEDUCTIONS OTHER THAN REGULAR PAYROLL DEDUCTIONS?

    ☐ YES   ☐ NO   If yes, **enclose copy** and explain

20. IF CLAIM IS FOR HOURLY WAGES OR SALARY, DID CLAIMANT WORK WEEKS/DAYS/HOURS AS CLAIMED?

    ☐ YES   ☐ NO   **(Attach copies of time cards and other records)**

    Explain:

---

21. IF CLAIM IS FOR HOLIDAY, VACATION, OVERTIME, SEVERANCE, BONUSES, OR OTHER SIMLIAR ADVANTAGES OF PROMISED PAY, DO YOU HAVE A POLICY OR PRACTICE SPECIFIC TO SUCH PAYMENTS?

    ☐ YES   ☐ NO   **(Attach copies of any written policies or agreements, including Claimant's signature page acknowledging receipt and understanding, if it exists)**

22. DID CLAIMANT MEET CONDITIONS OF SUCH POLICIES OR PRACTICES?

    ☐ YES   ☐ NO

    Explain: _____

---

23. HAS CLAIMANT BEEN PAID ANY OF WAGES IN QUESTION?   ☐ YES   ☐ NO

    If yes, indicate gross amount paid: _____ **(Attach copies to verify payment, i.e. certified checks copied front and back)**

    Date Paid: _____   ☐ Cash ☐ Check ☐ Other, explain _____

24. WHAT GROSS AMOUNT DO YOU ACKNOWLEDGE IS OWED CLAIMANT?

    _____ **(Attach check in that amount made payable to claimant**

NOTE: If wages are due, payment must be IMMEDIATE in accordance with Title 40 O.S., Section 165.3(B): "If an employer fails to pay an employee wages [at the regularly designated payday established for the pay period in which the work was performed], such employer shall be additionally liable to the employee for liquidated damages in the amount of two percent (2%) of the unpaid wages for each day upon which such failure shall continue after the day the wages are earned and due if the employer willfully withheld wages over which there was no bona fide disagreement; or in an amount equal to the unpaid wages, whichever is smaller…"

25. STATE YOUR REASONS FOR NOT PAYING THE AMOUNT ALLEGED BY CLAIMANT:

_____
_____
_____
_____

INSTRUCTIONS FOR FILING EMPLOYER WAGE CLAIM RESPONSE

        Pursuant to Title 40, Oklahoma Statutes, § 165.7 and 197.7, and Oklahoma Administrative Code (OAC) 380:30-3-3, as an employer conducting business within the State of Oklahoma, you are required to complete an **Employer's Wage Claim Response Form**. Your response <u>must include all documentation necessary to your defense of this claim</u> (e.g., employment policies, payroll checks, payroll records, time cards, deduction agreements, disciplinary actions, supervisory and witness statements, etc.). **Your completed response form must be returned to our office within fifteen (15) days of the date of the accompanying notice, or fifteen (15) days of receipt of same, whichever is greater. Failure to timely return the Employer's Wage Claim response Form may result in a default finding for the Claimant.**

I HEREBY CERTIFY that, to the best of my knowledge and belief, this is a true statement of wages, benefits, and/or deduction statements due to the claimant from me. I understand acceptance of this response form by the Oklahoma Department of Labor does not guarantee collection.

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 response is true and correct.

Date: _____   County & City where signed: _____

Employer's Signature: _____   Employer's Printed Name: _____

Title: _____

Would you like to receive e-mail updates from the Oklahoma Department of Labor?   Yes   No

[1]12 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.