



# Employer's Wage Claim Response Form

Oklahoma Department of Labor

www.labor.ok.gov

Oklahoma Dept of Labor  
3017 N Stiles, Suite 100  
Oklahoma City, OK 73105  
405-521-6100  
888-269-5353  
wageclaims@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? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANNUAL DOLLAR VOLUME	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is the relationship?			
11. IS BUSINESS STILL OPERATING? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT NUMBER OF EMPLOYEES		
12. IF BUSINESS IS CLOSED, HAS ANY ACTION BEEN FILED IN BANKRUPTCY COURT? <input type="checkbox"/> YES <input type="checkbox"/> 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? ( <b>ATTACH PAYROLL RECORDS</b> )	
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

DOES CLAIMANT HAVE ANY OF YOUR PROPERTY?

ORAL  WRITTEN (ATTACH COPY)

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 SIMILAR 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 must include all documentation necessary to your defense of this claim (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,<sup>1</sup> 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

<sup>1</sup>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.