

## **INSTRUCTIONS FOR COMPLETING WAGE CLAIM FORM**

The Delaware Department of Labor, Office of Labor Law Enforcement, enforces 21 laws including: the Wage Payment and Collection Act and the Minimum Wage Act. These two laws prohibit the improper or non-payment of wages to an employee (for example, non-payment of minimum wage, non-payment of wages earned, vacation or holiday pay, etc.) The Delaware Department of Labor, Office of Labor Law Enforcement, processes claims filed by employees against their current or former employers. Wage claims have a statute of limitations of one year from the date monies are allegedly due to the employee. However, the wage claim must be filed with the Delaware Department of Labor, Office of Labor Law Enforcement, at least 90 calendar days prior to the statute of limitations expiring. **This Office may only accept claims with a monetary value which does not exceed \$15,000.** If you are a member of a union and are a party to a collective bargaining agreement, you must first pursue your wage grievance through your collective bargaining procedures.

### **SECTIONS A & B: REQUIRE CURRENT INFORMATION**

**Your complete name and address** and the **complete name and address of the employer** you allege owes you money must be on the form. Be advised the form will be returned to you and not processed if the above information is not provided. Please provide the employer's corporate address in the Narrative section, if you know it.

### **SECTIONS C & D: REQUIRE COMPLETE INFORMATION**

It is very important that you complete these sections as thoroughly as possible and submit documentation to support your claim, such as **employee handbooks**, payroll statements (pay stubs), employer policies, records, and/or receipts, etc., at the time of filing.

It is very important that you submit documentation to support your claim such as **employee handbooks** and/or **employer policies** regarding bonuses, severance pay, travel pay, written memoranda, etc., at the time of filing.

### **SECTIONS E, F & G: REQUIRE COMPLETION IF THEY APPLY TO YOUR CLAIM**

If any of these sections do not apply to your claim, please state "Not Applicable" on the form.

### **SECTION H: REQUIRES COMPLETION**

**IT IS VERY IMPORTANT THAT YOU PROVIDE A NARRATIVE.** This section requires a brief summary of the employment events leading up to the filing of your wage claim with the Delaware Department of Labor, Office of Labor Law Enforcement. Please provide a short, detailed synopsis of events.

**BE ADVISED THAT YOUR CLAIM WILL NOT BE PROCESSED IF ANY OF THE ABOVE REQUIRED SECTIONS ARE INCOMPLETE OR IF YOUR CLAIM IS NOT NOTARIZED.**

**AFFIDAVIT OF STATEMENT AND ASSIGNMENT OF CLAIM FOR WAGES  
TO DELAWARE DEPARTMENT OF LABOR**

- PLEASE PRINT OR TYPE -

**A. CLAIMANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ SSN: \_\_\_\_\_

**B. EMPLOYER**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Fax: \_\_\_\_\_ Type of Business: \_\_\_\_\_

**C. EMPLOYMENT INFORMATION**

Is the employer still in business?  Yes  No

Is the employer a subcontractor?  Yes  No (If Yes, for whom?) \_\_\_\_\_

Were you hired and/or work in Delaware?  Yes  No Position held: \_\_\_\_\_

Name and title of the person who hired you? \_\_\_\_\_

Are you still employed?  Yes  No

If no, for what reason?  Discharged  Laid Off  Resigned

Do you belong to a Union?  Yes  No Name? \_\_\_\_\_

Have you exhausted all your remedies under your collective bargaining agreement?  Yes  No

Starting date of employment: \_\_\_\_\_ Ending: \_\_\_\_\_

Pay: Hourly Rate: \_\_\_\_\_ Salary: \_\_\_\_\_

How were you paid?  Check  Cash

How often were you paid?  Weekly  Bi-Weekly  Monthly  Bi-Monthly

Name and title of person who informed you of the time and method of payment: \_\_\_\_\_

Did you have a specific wage agreement?  Yes  No

If yes, was the agreement:  Written  Oral Explain: \_\_\_\_\_

Name and title of person who explained this to you: \_\_\_\_\_

**D. WAGE INFORMATION**

WAGES CLAIMED (BEFORE TAXES) \$ \_\_\_\_\_ (ACTUAL \$ AMOUNT DUE)  
COMMISSIONS \$ \_\_\_\_\_  
VACATION \$ \_\_\_\_\_  
OTHER \$ \_\_\_\_\_  
TOTAL DUE \$ \_\_\_\_\_

Wages claimed from what date: \_\_\_\_\_ to \_\_\_\_\_

Number of hours for which you are claiming (if applicable): \_\_\_\_\_

On what date were you last paid? \_\_\_\_\_

Have you asked for your wages?  Yes  No When? \_\_\_\_\_

Reason provided by employer for non-payment: \_\_\_\_\_

Is there any proof/evidence that you were working on the days you claim wages?  Yes  No

If yes, what type of proof?  Time Sheets/Cards/Logs  Work Schedules  Sales Slips  Witnesses  Other

Please explain the type of proof/evidence and provide the names, addresses, and phone numbers of witnesses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and title of person whom you submitted these records: \_\_\_\_\_

**IF YOU HAVE RECORDS – YOU MUST SUBMIT THEM WITH THIS CLAIM**

Do you owe the employer for any pay advances, merchandise, or other?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any documents (receipts, pay stubs, statements) to support your claim?  Yes  No

**IF YOU HAVE DOCUMENTS – (COMPANY POLICIES/HANDBOOKS) YOU MUST SUBMIT THEM WITH THIS CLAIM FORM**

If you were paid cash, how much were you given, who gave it to you, and when were you paid? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you tried to collect your wages through other means (court, attorney)?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**E. UNLAWFUL DEDUCTIONS**

What unlawful deductions, if any, have been deducted from your pay?

**YOU MUST SUBMIT COPIES OF YOUR PAY STATEMENTS SHOWING THE DEDUCTIONS**

Did you sign a written agreement authorizing the employer to make these deductions?  Yes  No

If yes, describe the circumstances in which you agreed to the deduction or reimbursement to employer:

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**F. UNLAWFUL TIP-POOLING**

Did you receive tips as part of your wages?  Yes  No

Were you required to provide all or part of your tips to the employer?  Yes  No

Name and title of the person who collected the tips from you:

Were you required to provide a percentage of your tips to other employees?  Yes  No

If yes, what type of work did the other employees perform? \_\_\_\_\_

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If this claim is for tips withheld for banquet work, how much did the employer charge the banquet customers for gratuities? \_\_\_\_\_%

**G. FRINGE BENEFITS/WAGE SUPPLEMENTS**

What type of benefit or wage supplement are you claiming?  Vacation Pay  Sick Pay  Holiday Pay

Severance Pay  Health Benefits  Bonus  Business/Travel Expenses

If your claim is for a benefit or wage supplement not listed above, explain the basis for your claim. \_\_\_\_\_

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What type of proof/evidence (**previous payroll statements, receipts, employee handbooks, employee policies, etc.**) do you have that the benefit is due to you?

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ACCEPTANCE OF THIS CLAIM BY THE DEPARTMENT OF LABOR DOES NOT GUARANTEE COLLECTION. DO NOT ASSUME THAT YOUR CLAIM IS VALID JUST BECAUSE YOU HAVE FILED IT WITH THIS OFFICE.

AT ALL TIMES IT IS YOUR RESPONSIBILITY TO PROVIDE AN ACCURATE ADDRESS WHERE WE CAN CONTACT YOU AND THE EMPLOYER AGAINST WHOM YOU HAVE FILED THIS CLAIM. IN CASE OF A DISPUTE, IT IS YOUR RESPONSIBILITY TO SUBSTANTIATE THE VALIDITY OF YOUR CLAIM AND THE AMOUNT YOU HAVE CLAIMED.

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY ASSIGN THE SAID WAGES, ALL PENALTIES ACCRUED BECAUSE OF NON-PAYMENT THEREOF, AND ALL LIENS SECURING SAID WAGES TO THE DELAWARE DEPARTMENT OF LABOR AND/OR ANY DEPUTY OR REPRESENTATIVE AUTHORIZED TO ACT ON ITS BEHALF TO COLLECT UNDER THE DELAWARE CODE. I HEREBY CONSENT TO ANY CASH SETTLEMENT OR ADJUSTMENT NEGOTIATED BY SAID DEPARTMENT ON MY BEHALF THAT IS LESS THAN THE TOTAL DOLLAR AMOUNT OF THIS CLAIM. THE DEPARTMENT OF LABOR IS HEREBY AUTHORIZED TO RECEIVE, ENDORSE AND/OR DEPOSIT ANY CHECKS OR MONEY ORDERS TO SAID DEPARTMENT. I HEREBY AUTHORIZE SAID DEPARTMENT TO MAIL ANY CHECKS PAID ON THIS CLAIM, AT MY OWN RISK, TO THE ADDRESS THAT I HAVE GIVEN AS MY ADDRESS.

I HEREBY ACKNOWLEDGE THAT MAKING A FALSE STATEMENT UNDER OATH IS A CRIME IN THE STATE OF DELAWARE.

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

STATE )  
 )  
COUNTY OF )

SWORN AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC OF THE STATE AND COUNTY AFORESAID,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D. 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

RETURN THIS FORM TO:

STATE OF DELAWARE  
DEPARTMENT OF LABOR  
OFFICE OF LABOR LAW ENFORCEMENT  
4425 N. MARKET STREET - 3rd FLOOR  
WILMINGTON, DE 19802  
(302)761-8200

STATE OF DELAWARE  
DEPARTMENT OF LABOR  
OFFICE OF LABOR LAW ENFORCEMENT  
BLUE HEN CORPORATE CENTER  
655 SOUTH BAY ROAD  
SUITE 2H  
DOVER, DE 19963  
(302) 422-1134