How to File a Wage Claim through the
The Delaware Department of Labor
Office of Labor Law Enforcement (Wage & Hour)
(COVID-19 Update)

1. Print out the attached form, complete all sections that represents your issue
2. Email the completed form to Wages@Delaware.gov or mail the completed form back to:

   The Department of Labor
   Wage & Hour Unit
   4425 N. Market Street
   Wilmington, DE 19802

   Optionally, You may also fax the completed form to 302-736-9196

Please note that during the current COVID-19 State of Emergency, the department has waived the requirement for the wage claim to be notarized.
INSTRUCTIONS FOR COMPLETING WAGE CLAIM FORM

The Delaware Department of Labor, Office of Labor Law Enforcement, enforces 18 laws including: The Wage Payment and Collection Act and the Minimum Wage Act. These two laws prohibit the improper payment or non-payment of wages due 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 owed 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 expiration of the statute of limitations. This Office may only accept claims with a monetary value that does not exceed $15,000. If you are a member of a union and are a part of a collective bargaining agreement, you must first pursue your wage grievance through your collective bargaining procedures.

Have you tried to collect your wages through other means (Justice of the Peace Court, Court of Common Pleas or Superior Court)?  ☐ Yes  ☐ No

If yes, explain: ______________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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 that the form will be returned to you not processed if the above information is not provided. Please provide the employer’s corporate address in the Narrative section, if you know it.

SECTION 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, bonuses, travel pay and written memoranda, etc., at the time of filing.

SECTION 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: REQUIRE COMPLETION

IT IS VERY IMPORTANT THAT YOU PROVIDE A NARRATIVE: This section is 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. *PLEASE NOTE THAT DURING THE COVID-19 STATE OF EMERGENCY, THE FORM DOES NOT NEED TO BE 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: __________________ Other: ________________ Email: ________________

B. EMPLOYER

Company: ____________________________________ Email: ________________________________________
Address: _____________________________________________________________________________________
City: ____________________________________ State: _____________________ Zip: __________________
Phone: __________________ Contact Person: ________________
Fax: __________________ Type of Business: ____________________________________

Do you belong to a Union?         □ Yes       □ No

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

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

Starting date of employment: _________________________ Ending: _________________________

Pay: Hourly Rate: ___________________________ Salary: ___________________________

How were you paid? □ Check □ Cash □ Direct Deposit

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 in cash, how much were you given, who gave it to you, and when were you paid?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
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:
________________________________________________________________________________________

________________________________________________________________________________________

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? _______________________________________
________________________________________________________________________________________

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

□ 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. ___________
________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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

________________________________________________________________________________________

________________________________________________________________________________________
H. NARRATIVE

Explain the circumstances of this claim in your own words. Describe how you calculated the amount of wages due.

If you are claiming commissions, state whether or not you were paid a “draw” or a salary in addition to your commissions, including the amount of the draw/salary.

If you are claiming vacation pay, or holiday pay, attach a copy of the employer’s policy and describe the benefit you are seeking compensation.

ANY DOCUMENTS WHICH SUPPORT YOUR CLAIM MUST BE ATTACHED TO THIS CLAIM FORM
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. ________

__________________________________
NOTARY PUBLIC

RETURN THIS FORM TO:

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

STATE OF DELAWARE
DEPARTMENT OF LABOR
OFFICE OF LABOR LAW ENFORCEMENT
8 GEORGETOWN PLAZA, STE. 2
GEORGETOWN, DE. 19947
(302) 858-5228
(302) 422-1137

THE FOLLOWING LOCATION BELOW MUST BE SCHEDULED BY APPOINTMENT ONLY (302) 761-8200

DEPARTMENT OF LABOR
OFFICE OF LAW ENFORCEMENT
CHRISTIANA BLDG.
252 CHAPMAN ROAD, STE 210
NEWARK, DE. 19702
(302) 761-8200

6