

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: _____ Other: _____ SSN: _____ D.O.B: _____

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 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 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:

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

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. _____

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

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
BLUE HEN CORPORATE CENTER
655 SOUTH BAY ROAD, SUITE 2H
DOVER, DE 19901
(302) 422-1134