New York State Department of Labor
Division of Labor Standards

Claim for Unpaid Wages

For Office Use Only **W**
Identification Number
Refer to wage suppll. I.D. No. if any)
Taken By

Answer all questions on both sides. Print clearly.
Send to: NYS Dept. of Labor,
Division of Labor Standards, Bldg. 12 Rm.185C
State Office Campus, Albany NY 12240

Section 190.7 of the New York State Labor Law excludes from wage payment coverage those persons in an administrative, executive or professional capacity whose earnings exceed $900 gross per week

Note: It is necessary for you to have asked for the wages due before we can assist you.

1. Your Full Name
☐ Ms. ☐ Mrs. ☐ Mr.

3. Social Security No.

2. Your Address | Apt. No. | City, Town or Village | County | Zip Code

4. (Area Code) Telephone No.
Day ( )
Evening ( )

5. Claim against (Trade Name of Employer)

6. Corporation Name, if any

7. Address of main office or headquarters of firm | City, Town or Village | County | Zip Code

8. (Area Code) Telephone No.
( )

9. Names and addresses of responsible persons of firm | Their positions

10. Kind of business firm engaged in

11. Is firm still in business?
☐ Yes ☐ No

12. What was your work or occupation with this firm?

13. Address where you worked | Zip Code

14. Date Hired

15. Name and Position of person hiring you

16. Name of superintendent, manager or foreman

17. Latest agreed rate of pay (per hour per week, per day)

18. Last Day Worked

19. Status with Firm
☐ I quit
☐ I was discharged
☐ I was temporarily laid off
☐ I am still employed

20. Reason for quitting, discharge or layoff

21. Were you a member of any union when employed by this firm?
☐ Yes ☐ No
If "yes", give name, local no., address, zip code and telephone no. of union

22. Have you asked your union for assistance?
☐ Yes ☐ No
If "yes" what action has the union taken?

Before answering questions 23 and 25, first fill out back of this form to help you figure wages due

23. Wages claimed for period (first date to last date)
From To Inclusive

24. Name and address of employer's bank | Zip Code

25. Total amount of wages due
$

26. Did you request these wages?
☐ Yes ☐ No

27. Date of Request

28. To whom was the request made?

29. Did employer refuse to pay for these wages?
☐ Yes ☐ No
If "yes", give employer's reason for refusal

30. Were any payments due you paid by checks returned not honored?
No ☐ Yes ☐ If "yes", submit photocopies of check(s)

31. How were wages paid? ☐ Cash ☐ Check ☐ Other (Explain)

32. What was your normal payday? | What period did this cover?

Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45, the New York State penal law). I affirm that the above statements are true.

I authorize the Commissioner of Labor, deputies or agents to receive, endorse my name on, and deposit in the account of the Commissioner of Labor any checks or money orders made out to me as payment on this claim.

Signature of Claimant | Date

(Continue Over)

All employees: Wages claimed in #25 are to be computed as follows:

33. Payroll week ending date	34. Number of hours worked this week	35. Number of days worked this week	36. Rate of pay (show whether by hour, day, week or month)	37. Total gross wages* earned this week	38. Gross wages paid to you this week	39. Difference between gross wages earned & gross wages paid to you this week	40. If wages were paid by check(s) not honored enter the check number(s)
			$ per	$	$	$	
					41. Total Amount Due	$	

***Gross wage is the amount before taxes or other monies are deducted.**

42. Include any additional information below: