

## Instructions for Completing the Wage Claim Form

(Please retain this page for your records)

### Please Read Carefully

This form must be completed, **SIGNED**, and returned before we can investigate your claim. Fill it out completely and, if necessary, use a separate sheet of paper to provide additional information. Attach copies of any document which support your claim such as; an employment contract, wage agreement, commission statements, invoices, time records, list of hours worked, check stubs, written fringe benefit (vacation pay, sick pay, holiday pay, paid time off, bonus, expense reimbursement), policy or contract. A claim form that is not filled out completely and signed will be returned. **PRINT** or **TYPE** the information requested. Provide a phone number and if available, an email address where you can be reached during the day.

To file a claim you must first have asked for your wages and been denied. To maximize your chances of recovery, we suggest that you send a **CERTIFIED** letter, Returned Receipt Requested, to your employer stating the amount of money you are owed, identifying the hours and days or commissions this money represents and demanding payment by a specific deadline (such as 5 or 10 days from receipt of the certified letter). Remember to keep a copy of your letter. An employee may only file one claim against the same employer regarding the same transaction or occurrence arising from the same series of related events. **Period claimed may not exceed two (2) years.** However, you have three (3) years to file in the appropriate court of law. Also, please know that acceptance of this claim does not guarantee collection.

Through investigation, we will attempt to determine whether your claim is valid. Where your employer denies that wages are owed, you have the responsibility to substantiate your claim. You must also provide us with an accurate address where we may reach your employer.

Receipt of your claim will be acknowledged by a letter from this office. The investigation of your claim will be handled in the order in which it is received. When a final determination has been made, you will be **immediately notified in writing.** Should you have any additional information after you have filed your claim, please mail or fax this information to the attention of the investigator assigned to your claim. Your claim will remain in the open status until a final determination is made by our office. Please refrain from calling for the status of your claim, as this only delays the time to resolve your claim.

Depending on the nature and amount of your claim, our office will determine which of two (2) options will be pursued on your behalf: 1) seeking an administrative remedy by issuing a Wage order, or 2) referring your claim to the Office of the Attorney General of Maryland for litigation in District Court. If you do not want the agency to determine which remedy to pursue on your behalf, you may instead file suit against your employer in court either by yourself or with the help of a private attorney.

**NOTE:** This office will not intercede in a case pending in court or where claimants are otherwise represented by a third party.

If your claim pertains to company paid benefits (ex.: vacation) and/or if you worked under a written contract, please attach a photocopy of all relevant documents. If documentation is not available, you must attach a complete explanation of the policy and/or contract. Please attach any other *relevant* documentation which could assist in proving your claim.

## Wage Claim Form

For Office Use Only: Reference # \_\_\_\_\_ Claim # \_\_\_\_\_

**SECTION A. Personal Information (this form and any documentation supporting your claim will be sent to the employer for their reply to the claim below)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
Street City State Zip Code

Daytime Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Race:  White  Black/African American  American Indian  Asian  Native Hawaiian/Pacific Islander  Hispanic or Latino

**SECTION B. Eligibility Determination for Wage Claims**

Yes	No	Questions
		Did you ask the employer for your wages? <i>It is necessary for you to have asked for the wages due before we can assist you.</i>  What reason did your employer give for not paying you? _____
		Is your claim in excess of \$20,000? If so, you must attach proof that you sought legal counsel and were denied.
		Was 50% or more of the work performed in the State of Maryland? If more than 50% of the work was performed in another state, what state?  <b>Please provide specific location (address) where 50% or more of the work was performed:</b>
		Is the company still open for business?
		Has the company filed for bankruptcy? <i>U.S. Bankruptcy Court has jurisdiction over all bankruptcy cases; contact the Court at 866-222-8029 to file a claim.</i>
		Was the work performed as a union member? <i>Under the law, a union member must exhaust all union remedies first. Attach documentation showing all remedies have been exhausted.</i>
		Are you being represented by an attorney in this matter? Attorney Name: _____ <i>Your attorney's signed release relinquishing jurisdiction must accompany this claim form.</i>
		Is your claim under consideration by grievance, arbitration, government agency, court, or by another state?
		Are you a federal, state, or local government employee for the wages claimed? <i>Maryland's Labor &amp; Employment laws do not cover government employees. Contact the U.S. Dept. of Labor at 1-866-4US-WAGE for information on the federal Fair Labor Standards Act.</i>
		Do you have any property belonging to your employer?  If yes, please explain: _____
		Do you owe your employer any money?  If yes, why? _____ How much? _____
		Have you signed a statement authorizing deduction(s) from your pay other than taxes, health care, or retirement?
		Did you file a case in court for unpaid wages?  If so, what court? _____
		Were you an owner or partner in this business?
		Were you hired as an independent contractor for the work performed in this claim?
		Did your employer deduct federal taxes, state taxes, FICA? <i>If yes, send a copy of your pay stub.</i>
		Whose tools were used to complete the work? <input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Employee & Employer <input type="checkbox"/> Unknown

**SECTION C. Employment Information**

Employer or Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street City State Zip Code

Owner's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
Street City State Zip Code

Type of Business: \_\_\_\_\_ My Job Position: \_\_\_\_\_  
(Example: retail, restaurant, construction, etc.) (Example: office worker, carpenter, salesman, etc.)

My first day of work was: \_\_\_\_\_ My last day of work was: \_\_\_\_\_ My next scheduled payday is: \_\_\_\_\_

I was/am:  Fired  Laid-Off  Quit  Other  I am still working there Number of days worked each week: \_\_\_\_\_

My rate of pay was/is: \_\_\_\_\_ per: Day  Hour  Week  Month  Year  Commission

Frequency of pay: I am paid: Daily  Weekly  Bi-Weekly  Monthly  Bi-Monthly

**SECTION D. Type of Wages and Dollar Amount Owed**

*Failure to complete this section will result in your claim being returned to you. Period claimed may not exceed two years.*

Place a checkmark (✓) next to the Type(s) of Wages Due; following the Reference and/or Instruction given, identify the number of Days or Hours you were not paid, indicate the Total Dollar Amount Owed, and Period Claimed.

Check (✓) Type(s)	Type(s) of Wages Due	Reference and/or Instruction	# of Days or Hours Claiming	Total Gross Dollar Amount Owed	Period Claimed	
					Begin Date	End Date
	Hourly Wages	Must Complete Section E		\$		
	Salary	Must Complete Section E		\$		
	Commission	Must Complete Section F		\$		
	Bonus	Must Complete Section F		\$		
	Piece Rate or Flat Rate	Must Complete Section F		\$		
	Minimum Wage	Must Complete Section E		\$		
	Overtime	Must Complete Section E		\$		
	Deductions – Unauthorized	Must Provide Paystub Showing Deductions		\$		
<i>If claiming monies due for benefits, such as the Type(s) of Wages Due as indicated below, please attach a copy of the policy, manual or handbook, or if one is not available, provide a detailed explanation of the policy.</i>						
	Vacation			\$		
	Sick Leave			\$		
	Paid Time Off (PTO)			\$		
	Holiday			\$		
	Personal Leave			\$		
	Expenses	Must Send Receipts		\$		
	Other	Explain		\$		
<b>TOTAL "Gross" Amount Claiming Including Section F</b>				<b>\$</b>		

**SECTION E. Hourly Employee, Salary Employee, Minimum Wage, and Overtime Worksheet**

Only provide information for the hours worked each day you were not paid. May not exceed two (2) years.

*Salary employees must indicate each day that you worked.*

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours Worked
Week 1	Date:								
	Hours:								
Week 2	Date:								
	Hours:								
Week 3	Date:								
	Hours:								
Week 4	Date:								
	Hours:								

**SECTION F. Commission, Bonus, Piece Rate, or Flat Rate Worksheet**

Attach a copy of the commission, bonus, piece rate, or flat rate agreement; or explain in detail how wages are earned. You must list each particular sale for which you have not been paid. Be specific and indicate how you arrived at the amount claimed. If you cannot provide a list, we must rely on the employer's records exclusively. Please use additional paper as needed.

List sales or bonuses earned and not paid, or work completed for which you were not paid.	"Gross" Amount Owed
<b>TOTAL Dollar Amount Owed</b>	<b>\$</b>

I AUTHORIZE THE COMMISSIONER OF LABOR AND INDUSTRY OR THE COMMISSIONER'S DESIGNEE TO RECEIVE, ENDORSE MY NAME ON AND DEPOSIT IN THE ACCOUNT OF THE COMMISSIONER OF LABOR AND INDUSTRY ANY CHECKS OR MONEY ORDERS MADE OUT TO ME AS PAYMENT ON THIS CLAIM. I UNDERSTAND THAT I WILL BE ISSUED A CHECK FROM THE STATE OF MARYLAND REPRESENTING THIS AMOUNT. THE AMOUNT OF THE CHECK COULD BE REDUCED BY ANY OUTSTANDING STATE DEBT I OWE, SUCH AS PAST DUE CHILD SUPPORT, STATE INCOME TAXES, ETC.

**I understand that this form will be sent to the employer for his/her reply to the claim made above. I hereby certify that the above statements are true.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Original Signature required, no photocopied signature accepted)**

**Mail claim forms to:**

**EMPLOYMENT STANDARDS SERVICE  
 1100 N. EUTAW STREET, ROOM 607  
 BALTIMORE, MD 21201**