

**Virginia Department of Labor and Industry
Labor & Employment Law Division**

INSTRUCTIONS FOR COMPLETING "CLAIM FOR UNPAID WAGES" FORM

PLEASE READ THESE INSTRUCTIONS CAREFULLY

The attached claim for unpaid wages form must be fully completed, printed out, signed and returned by mail in order for your claim to be investigated. Please fill in all areas completely. If necessary, use a separate sheet of paper to provide additional information or explanation. Send the original claim form and include **copies** of all documents that will support your claim – **original documents will not be returned to you**. You must be able to prove that you are owed unpaid or wrongfully deducted wages. Incomplete forms will be returned, causing a delay in the investigation of your claim.

NOTE: You must file your claim with the Department within three (3) years of the date your wages were earned.

EMPLOYEES PAID BY THE HOUR:

If you are claiming wages based on an hourly wage, include the dates, days, and hours worked for which you were not paid and include the total amount of wages you are claiming. Please provide documentation, such as a paycheck stub, to verify employment and rate of pay; otherwise, our enforcement may be limited.

EMPLOYEES PAID BY SALARY:

If you are claiming wages based on a salary rate, include the maximum number of hours and days you were required to work to receive the salary rate. Please provide documentation, such as a paycheck stub, to verify that the salary or the deductions from salary you are claiming is accurate. Provide dates, days, and hours worked for which you were not paid and include the total amount of wages you are claiming.

EMPLOYEES PAID BY COMMISSION:

State the total amount of wages you claim are due and indicate how you arrived at the dollar amount of your claim. Please provide a copy of your commission agreement with your employer. Indicate what you had to do to earn the commission and under what circumstances the commission would become due and payable if no written commission document exists. Account for any and all "draws" you may have received. Identify each specific account for which you seek payment of a commission and state the dollar amount of the commission you claim for each account. Provide documentation such as a paycheck stub to verify employment and the commission rate you are claiming is accurate.

ACCEPTANCE OF THIS CLAIM DOES NOT GUARANTEE COLLECTION OF WAGES:

Upon acceptance of your claim by the Virginia Department of Labor and Industry, do not assume that your claim is valid and collectible. In cases where the employer disputes your charges, it will be YOUR responsibility to provide documentary evidence of the amount and validity of your claim. Also, you must provide the company's complete name and mailing address along with the owner's or company representative's full name and address. Since wage claims are handled by individual compliance officers, we do not provide periodic progress reports. Requests for progress reports only hinder the prompt resolution of your claim. When a final determination is made, or when additional information is needed, you will be notified. Please notify this office immediately in *writing* of any change in your address, telephone number, or if you receive payment from your employer. You may contact via U.S. postal mail to the address below or by email to laborlaw@doli.virginia.gov.

DIGITAL EVIDENCE:

If you have digital evidence to support your claim (PDF files, screenshots, audio/video files, etc.) which you **cannot** print and attach to this claim form, please indicate so in the blank space on the bottom of the claim form's second page. If the Department requires this digital evidence, a compliance officer will request it from you during the course of the investigation. **Do not send this evidence via USB flash drive or disc, as the Department will not be able to accept it.**

DEFINING "WAGES":

Under Virginia's payment of wage laws, "wages" are specifically moneys earned for work performed. Sick leave, vacation leave, paid time off, and severance are considered "fringe benefits" and the Department **DOES NOT** have enforcement over them. **Claims for unpaid fringe benefits will be returned to you.** If you have not been paid a fringe benefit to which you believe you are entitled, you may file a civil suit against your employer.

You may file a claim for unpaid wages with this agency or file a civil suit against your employer **but not both**. If you decide to initiate a civil proceeding against your employer, all collection actions by this agency will cease.

INSTRUCTIONS FOR SUBMITTING "CLAIM FOR UNPAID WAGES" FORM

Submit completed claim forms by U.S. postal mail only. Faxed or emailed forms will not be accepted!

Please mail your completed claim form to the following address:

**Division of Labor and Employment Law
Virginia Department of Labor and Industry
201 Lee Highway
P.O. Box 77
Verona, Virginia 24482**

Remember to sign the claim form and make sure to include the employer's full address as well the total amount of wages claimed. Please include your email address for notices about your claim. If you have questions about how to complete the claim form, please call (540) 248-9280. Once your claim form has been received and processed by the Department, you will be contacted with next steps.

Claim Number: _____

For Official Use Only



**VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY
STATEMENT OF CLAIM FOR UNPAID WAGES**

Please type or print clearly. We may be unable to assist you if your answers are incomplete or illegible.

YOUR FULL NAME: _____

YOUR STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ BIRTH DATE: _____

WHAT WAS YOUR JOB TITLE? _____

HIRE DATE: _____ TERMINATION DATE: _____ LAST DATE ACTUALLY WORKED: _____

SUPERVISOR'S NAME: _____

HAVE YOU DEMANDED PAYMENT OF THE WAGES YOU CLAIM? YES NO

IF SO, ON WHAT DATE DID YOU ASK FOR YOUR WAGES? _____

NAME OF PERSON WHO REFUSED TO PAY YOU: _____

REASON GIVEN: _____

BUSINESS NAME: _____

TYPE OF BUSINESS: _____ APPROXIMATE NUMBER OF EMPLOYEES: _____

BUSINESS STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ EMPLOYER'S HOME/CELL PHONE: _____

BUSINESS MAILING ADDRESS, IF DIFFERENT FROM STREET ADDRESS:

DID THEY CONDUCT BUSINESS UNDER ANY OTHER NAME(S)? YES NO IDENTIFY: _____

COMPANY PRESIDENT OR OWNER NAME: _____ TITLE: _____

PRESIDENT OR OWNER'S HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IDENTIFY THE PLACE WHERE YOU PERFORMED WORK FOR THIS BUSINESS.

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

1. YES NO IS THE BUSINESS CLOSED OR IN BANKRUPTCY?
2. YES NO DID YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT? (Attach a photocopy of any agreement you may have.)
3. YES NO WERE YOU HIRED TO WORK AS A SUBCONTRACTOR OR AN INDEPENDENT AGENT?
4. YES NO DID YOU WORK FOR THIS BUSINESS AS A SELF-EMPLOYED PERSON?
5. YES NO WERE YOU A CORPORATE DIRECTOR, OWNER OR PARTNER IN THE BUSINESS?
6. YES NO DID YOU FILE A COURT CASE FOR UNPAID WAGES?
IF YOUR ANSWER IS "YES," IN WHICH COURT DID YOU FILE? _____
7. YES NO HAVE YOU HIRED A LAWYER?
8. YES NO EXCEPT FOR TAXES, WERE MONIES SUBTRACTED FROM YOUR WAGES WITHOUT YOUR WRITTEN CONSENT?
If so, how much money was deducted? \$ _____
What was the purpose of the deduction? _____
9. YES NO DID THE BUSINESS GIVE YOU A BAD PAYROLL CHECK? (Attach copies of all payroll checks you were given.)

10. CHECK WHAT APPLIES TO YOU:
- | | | |
|-------------------------------------|---|--------------------------------------|
| SALARIED <input type="checkbox"/> | HOURLY <input type="checkbox"/> | COMMISSIONS <input type="checkbox"/> |
| DAILY RATE <input type="checkbox"/> | PAID BY THE JOB OR PIECE <input type="checkbox"/> | |

11. WHAT WAS YOUR RATE OF PAY? \$ _____ PER _____
(Hour, Month, Year, Piece, Etc.)

12. HOW OFTEN WERE YOU PAID? _____ LAST DATE YOU WERE PAID? _____

13. FOR WHAT TIME PERIOD WERE YOU NOT PAID YOUR WAGES? _____ THRU _____
(Month – Day – Year) (Month – Day – Year)

14. WHAT IS THE TOTAL GROSS AMOUNT OF UNPAID WAGES YOU CLAIM? \$ _____
("Gross" amount means before taxes have been subtracted from your wages.) Note: Sick Leave, Paid Holidays, Vacation Leave, Severance Benefits, Per Diem and Expense Reimbursements are NOT wages. DO NOT INCLUDE THESE ITEMS IN THE DOLLAR AMOUNT OF YOUR CLAIM.

15. WAS THE WORK PART OF A STATE OF VIRGINIA PUBLIC WORKS PROJECT? YES NO

16. ARE YOU CLAIMING YOUR ESTABLISHED RATE OF PAY WAS BELOW THE VIRGINIA MINIMUM WAGE? YES NO

USE THIS SPACE TO SHOW US HOW YOU ARRIVED AT THE DOLLAR AMOUNT OF YOUR WAGE CLAIM. ATTACH COPIES OF PAYROLL CHECK STUBS, "BAD CHECKS", FEDERAL W-2 OR 1099 FORMS, EMPLOYMENT AGREEMENTS AND ANY OTHER SUPPORTING DOCUMENTS YOU MAY HAVE.

I swear and certify that the information I have provided to the Department of Labor and Industry is true and accurate, and I hereby authorize the Virginia Department of Labor and Industry to release any and all information contained in my complaint file, to investigate my charges and to take any action it deems necessary to enforce the provisions of Section 40.1-29, Code of Virginia. I further authorize a photocopy of this complaint form, together with my supporting documents, to be released to the business I have named in this complaint. I understand that if I knowingly make a false statement on this complaint form, or if I knowingly make a false statement to any state member of the Department of Labor and Industry, I could be subject to a fine of up to \$10,000 or imprisonment for up to 6 months or both.

Signature of Claimant – Please sign in **ink**. DATE: _____