

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

**INSTRUCTIONS FOR COMPLETING "CLAIM FOR 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 which will support your claim. 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. If you have not requested payment of your wages from your employer, you **must** do so before filing a claim. Only after you have been denied your wages should you file a claim with this office.

**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 has been 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](mailto:laborlaw@doli.virginia.gov) .

# Instructions for Filing the Initial Claim for Unpaid Wages

**U.S. Postal mail only. Faxed forms cannot be accepted!**

If you are claiming pay for work performed, please print out and submit your completed claim form to the following address by U.S. Mail:

**Division of Labor and Employment Law  
Virginia Department of Labor and Industry  
600 East Main Street, Ste. 207  
Richmond, Virginia 23219.**

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.

**Reminder: Faxed or emailed forms cannot be accepted.**

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

(Please print clearly. We may be unable to assist you if your answers are incomplete.)

YOUR FULL NAME: \_\_\_\_\_

YOUR STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

WHAT WAS YOUR JOB TITLE: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ TERMINATION DATE: \_\_\_\_\_ LAST DATE ACTUALLY WORKED: \_\_\_\_\_

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: \_\_\_\_\_

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BUSINESS NAME OF EMPLOYER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

APPROXIMATE NUMBER OF EMPLOYEES: \_\_\_\_\_

DID THEY USE ANY OTHER NAME(S)?  YES  NO. IDENTIFY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ EMPLOYER'S HOME PHONE: \_\_\_\_\_

MAILING ADDRESS, IF DIFFERENT FROM STREET ADDRESS: \_\_\_\_\_

COMPANY OFFICER OR OWNER: \_\_\_\_\_ THEIR TITLE: \_\_\_\_\_

OFFICER/OWNER'S HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**IDENTIFY THE PLACE** WHERE YOU PERFORMED WORK FOR THIS BUSINESS. CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

1.  YES  NO IS THIS BUSINESS CLOSED OR IN BANKRUPTCY? If so, circle which status applies.
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 THIS BUSINESS?
6.  YES  NO DID YOU FILE A COURT CASE FOR UNPAID WAGES?  
If so, state name of court \_\_\_\_\_
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 bad checks you were given.)
10. CHECK WHAT APPLIES TO YOU:  SALARIED;  HOURLY;  COMMISSIONS;  
 DAILY RATE;  PAID BY JOB OR PIECE
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. TOTAL GROSS AMOUNT OF UNPAID WAGES YOU CLAIM: \$ \_\_\_\_\_

("Gross" 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" within the meaning of the wage statute. DO NOT INCLUDE THESE ITEMS IN THE DOLLAR AMOUNT OF YOUR CLAIM.

**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: \_\_\_\_\_