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 two (2) years if your unpaid wages were earned BEFORE July 1, 2020. If your unpaid wages were earned AFTER July 1, 2020, you have three (3) years to file a claim.

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 <u>or</u> file a civil suit against your employer <u>but not both</u>. 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 600 East Main Street, Suite 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. 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 <u>print clearly</u>. 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:	WORK PHONE:				
E-MAIL ADDRESS:	AIL ADDRESS:BIRTH DATE:				
WHAT WAS YOUR JOB TITLE?					
HIRE DATE: TERMIN	NATION DATE: LAST DA	TE 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 Y	OUR 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 DIFFEREN	IT FROM STREET ADDRESS:				
DID THEY CONDUCT BUSINESS UNDER AN	Y OTHER NAME(S)? YES □ NO □ IDENT	IFY:			
COMPANY PRESIDENT OR OWNER NAME:		TITLE:			
PRESIDENT OR OWNER'S HOME ADDRESS	:				
CITY:	STATE:	ZIP:			
<u>IDENTIFY THE PLACE</u> WHERE YOU PERFOR	MED WORK FOR THIS BUSINESS.				
STREET ADDRESS:					
CITY:	STATE:	ZIP:			

1.	YES 🗆	ΝО □	IS THE BUSINESS <u>CLOSED</u> OR IN <u>BANKRUPTCY</u> ?
2.	YES 🗆	ΝО □	DID YOU HAVE A WRITTEN EMPLOYMENT AGREEMENT? (Attach a photocopy of any agreement you may have.)
3.	YES 🗆	ΝО □	WERE YOU HIRED TO WORK AS A <u>SUBCONTRACTOR</u> OR AN <u>INDEPENDENT AGENT</u> ?
4.	YES 🗆	ΝО □	DID YOU WORK FOR THIS BUSINESS AS A <u>SELF-EMPLOYED</u> PERSON?
5.	YES 🗆	ΝО □	WERE YOU A <u>CORPORATE DIRECTOR</u> , <u>OWNER</u> OR <u>PARTNER</u> IN THE BUSINESS?
6.	YES 🗆	№ □	DID YOU FILE A COURT CASE FOR UNPAID WAGES? If so, state the name of the court
7.	YES 🗆	νо □	HAVE YOU HIRED A LAWYER?
8.	YES 🗆	№ □	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 🗆	№ □	DID THE BUSINESS GIVE YOU A BAD PAYROLL CHECK? (Attach copies of all payroll checks you were given.)
10.	CHECK W	HAT APPLII	es to you: salaried Hourly Commissions
			DAILY RATE PAID BY THE JOB OR PIECE
11.	WHAT W	AS YOUR R	ATE OF PAY? \$ PER
			(Hour, Month, Year, Piece, Etc.)
12.	HOW OFT	EN WERE	OU PAID?LAST DATE YOU WERE PAID?
13.	FOR WHA	T TIME PEI	RIOD WERE YOU NOT PAID YOUR WAGES? THRU
			(Month – Day – Year) (Month – Day – Year)
("Gr Exp	oss" amour ense Reimb	t means <u>bef</u> ursements a	GROSS AMOUNT OF UNPAID WAGES YOU CLAIM? \$ ore taxes have been subtracted from your wages.) Note: Sick Leave, Paid Holidays, Vacation Leave, Severance Benefits, Per Diem and re NOT wages. DO NO INCLUDE THESE ITEMS IN THE DOLLAR AMOUNT OF YOUR CLAIM.
16.	ARE YOU	CLAIMING	YOUR ESTABLISHED RATE OF PAY WAS <u>BELOW</u> THE VIRGINIA MINIMUM WAGE? YES \(\Boxed{1} \) NO \(\Boxed{1} \)
			IS HOW YOU ARRIVED AT THE DOLLAR AMOUNT OF YOUR WAGE CLAIM. ATTACH COPIES OF PAYROLL CHECK STUBS, "BAD CHECKS", MS, EMPLOYMENT AGREEMENTS AND ANY OTHER SUPPORTING DOCUMENTS YOU MAY HAVE.
of L enfo rele	abor and Indorce the pro cased to the	dustry to rel visions of Se business I h	information I have provided to the Department of Labor and Industry is true and accurate, and I hereby authorize the Virginia Department ease any and all information contained in my complaint file, to investigate my charges and to take any action it deems necessary to ction 40.1-29, Code of Virginia. I further authorize a photocopy of this complaint form, together with my supporting documents, to be ave 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 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.)
			(אפוומנעוב טו כומוווומוול – רובמאב אפוו ווו ווויי)