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| NJ Dept. of Labor & Workforce Development Division of Wage and Hour Compliance PO Box 389 Trenton, NJ 08625-0389 | Tel. (609) 292-2305 Fax (609) 695-1174 wage.hour@dol.nj.gov | OFFICIAL USE ONLY: | |
| | | Claim# _____ Field___ IBM___ WC___ Field Rpt# _____ Case# _____ | Empl# _____ No Jurisdiction___ |

WAGE CLAIM

All workers, including undocumented workers, have a right to be paid for their work. The Division of Wage and Hour Compliance does not investigate the legal status of any worker. We apply New Jersey's labor laws equally to all workers, regardless of legal status. We do not share information with "Immigration."

Instructions: Complete both sides of this form and answer all questions. Type or print legibly. Attach a copy of your last paycheck and W-2 form if you have them. Attach any other documents that support your claim. Mail or fax all documents to the address at the top of this page.

For more information about filing a wage claim, visit www.nj.gov/labor. Click on Wage & Hour and go to the section on "File a Wage Claim."

Filing by e-mail: You may file your claim electronically by sending an e-mail to Wage & Hour and attaching this completed document in Adobe Portable Document Format (PDF) format. If you file by e-mail, scan all your supporting documents (last paycheck or W-2 form) into PDF format, and attach the PDF(s) to your e-mail.

Filing Anonymously: Your employer has the right, under the Open Public Records Act (OPRA), to see all information on this claim. If you want to file an anonymous claim, write "A NONYMOUS" in the name section and leave the address blank. Provide as much information as you can without revealing personal details. Mail or fax your claim. If you want to remain anonymous, do NOT send your claim by e-mail.

Employee Information

| | | | |
|--------------------|-----------|------------------|--|
| 1. First Name | Last Name | M.I. | 3. Daytime Telephone No. () |
| 2. Mailing Address | | Floor / Apt. No. | 4. Cell / Alternate Telephone No. () |
| City | State | ZIP Code | 5. Social Security No. <i>(if you prefer, leave blank)</i> |

6. Is a third party *(such as an attorney, agency, or legal service)* submitting this claim as your representative or agent?
 Yes If yes, answer items #7 - 11.
 No If no, go to item #12.

| | | | |
|--------------------------------------|-------------------------------------|----------|------------|
| 7. Name of Person, Agency or Service | 9. Third Party Telephone No. () | | |
| 8. Mailing Address | 10. Fax No. () | | |
| City | State | ZIP Code | 11. e-mail |

Employment Information

| | | | | |
|--|-----------------------------------|----------|---------------------------|------------------------------------|
| 12. Business Name | 15. Business Telephone No. () | | | |
| 13. Business <u>Street</u> Address <i>(not a P.O. Box)</i> | 16. Fax No. () | | | |
| City | State | ZIP Code | County | 17. e-mail |
| 14. Business Mailing Address <i>(if different from street address)</i> | | | | 18. Name & Title of Contact Person |
| City | State | ZIP Code | 19. Contact Telephone No. | |

Employment Information *(continued)*

| | | | | |
|--|----------------------|---|--|--|
| 20. First Day Worked | 21. Last Day Worked | 22. Rate of Pay (<i>gross amount</i>) Per Hour: \$_____ Per Week: \$_____ Other: \$_____ | | |
| 23. Occupation / Job Title: | 24: Main Job Duties: | | | |
| 25. Are you still working for this employer? Yes No Reason: _____ | | | | |
| 26. Did you work at the business address listed in item #13? Yes No Where did you actually do your work? _____ Street Address City State ZIP Code County | | | | |
| 27. Joint Employer (<i>such as an employee leasing company or any other individual or business who may be responsible for your unpaid wages</i>) | | | | |
| 28. Joint Employer Mailing Address City State ZIP Code Telephone No. | | | | |

Claim Details

29. Please check the reason(s) you are filing this claim.

| | | |
|------------------|------------------------------------|--|
| unpaid wages | vacation, sick or holiday | non-payment of last paycheck |
| overtime | commission, severance or bonus pay | improperly classified as an independent contractor <i>(while employed in the construction industry)</i> |
| minimum wage | shortages or deductions | Other <i>(please explain below)</i> |
| bounced paycheck | company uniforms | |

Explain why you believe the employer owes you wages. List the dates and hours for which you believe wages are due.
Attach additional sheets if necessary.

What is the total amount of wages (before tax deductions) you believe the employer owes you?
(If you are not sure, please provide an estimate.) \$ _____

30. Did you ask the employer for the money you believe is due?
Yes Name and title of person you asked: _____
No

31. I understand that the employer has the right, under the Open Public Records Act (OPRA), to request all information on this claim.
(If you are filing anonymously, you are not required to sign below.)

Signature Date

Signature of Parent or Guardian *(required if claimant is under 18 years old)* Date

If under 18, give age _____ and date of birth _____

- Please attach if you have them:**
- a copy of your last paycheck and W-2 form
 - copies of any bounced paycheck(s)
 - any other documents that support your claim