

NJ Dept. of Labor & Workforce Development
Division of Wage & Hour Compliance
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OFFICIAL USE ONLY:

Claim# _____ Empl# _____
Field___ IBM___ WC___ No Jurisdiction___
Field Rpt# _____
Case# _____

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 U.S. Citizenship & Immigration Services.

Instructions: You may file your wage claim online or by mail.

To file online visit www.nj.gov/labor, click on Wage & Hour and then click on File a Wage Claim. When you file online you will be given the option to attach documents that support your claim.

To file your wage claim by mail, 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.

Filing Anonymously: Your employer has the right, under the Open Public Records Act (OPRA), to see all information on this claim. You may file an anonymous claim if you so choose, but then neither you nor anyone else will receive any information about the claim. To file an anonymous claim, write "ANONYMOUS" in the Employee section of this form and leave the address blank. Without revealing personal details, provide as much information as you can about the employer and the reason you are filing a claim. Mail or fax your claim.

Employee Information

1. First Name	Last Name	M.I.	3. Phone No. ()
2. Mailing Address	Floor / Apt. No.		4. Alternate Phone No. ()
City	State	ZIP Code	5. Social Security No. <i>(if you prefer, leave blank)</i>
6. Is a third party <i>(such as an attorney, agency, or legal service)</i> submitting this claim as your representative or agent? <input type="checkbox"/> Yes If yes, answer items #7 - 11. <input type="checkbox"/> No If no, go to item #12.			
7. Name of Person, Agency or Service			9. Third Party Phone No. ()
8. Mailing Address			10. Fax No. ()
City	State	ZIP Code	11. Email

Employer Information

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

Employment Details				
20. First Day Worked	21. Last Day Worked	22. Rate of Pay (<i>gross amount</i>)		
		Per Hour: \$ _____ Per Week: \$ _____ Other: \$ _____		
23. Job Title:	24: Main Job Duties:			
25. Are you still working for this employer?				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No Reason: _____				
26. Did you work at the business address listed in item #13?				
<input type="checkbox"/> Yes				
<input type="checkbox"/> 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	Phone No.	
Claim Reason Details				
29. Select all reasons for filing this claim:				
<input type="checkbox"/> Wages not paid	<input type="checkbox"/> Vacation, Sick or Holiday not paid	<input type="checkbox"/> Last paycheck not paid		
<input type="checkbox"/> Overtime not paid	<input type="checkbox"/> Commission, Severance or Bonus not paid	<input type="checkbox"/> Improperly Classified as an Independent Contractor (<i>while employed in the Construction Industry</i>)		
<input type="checkbox"/> Paid Below Minimum Wage	<input type="checkbox"/> Shortages or Deductions from paycheck			
<input type="checkbox"/> Paycheck bounced or Unable to cash paycheck	<input type="checkbox"/> Cost of company uniforms and/or equipment deducted from paycheck		<input type="checkbox"/> Other (<i>please explain below</i>)	
Explain why you believe the employer owes you wages. List the dates and hours for which you believe wages are due.				
<i>Attach additional sheets if necessary.</i>				

What is the total amount of wages (before tax deductions) you believe the employer owes you?				
<i>(If you are not sure, please provide an estimate.)</i>				
\$ _____				
30. Did you ask the employer for the money you believe is due?				
<input type="checkbox"/> Yes Name and title of person you asked: _____				
<input type="checkbox"/> No				
31. I understand that the employer has the right, under the Open Public Records Act (OPRA), to request all information on this claim. (<i>If you are filing anonymously, you are not required to sign below.</i>)				

Signature			Date	

Signature of Parent or Guardian (<i>required if claimant is under 18 years old</i>)			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