

PLEASE READ THESE IMPORTANT INSTRUCTIONS

The following information is required to process this Wage Claim:

- Employee and Employer name, mailing address and telephone.
- The gross amount of claim.
- Length of employment – include dates.
- Type of claim (e.g. non-payment, overtime, deduction, etc.)
- Dates and hours worked if claiming non-payment of wages (see examples below).
- Signature and date.

This claim will not be processed if:

- You are claiming minimum wage or overtime required by federal law. Contact the U.S. DOL in Indianapolis at (317)226-6801.
- The amount claimed represents payment for time not actually worked (examples: holiday pay, sick pay, reimbursements, severance pay, overdraft fees or bonus pay).
- Your former employer has filed for bankruptcy protection. You should contact the bankruptcy court.
- The employer does not have a location in Indiana.
- You worked as an independent contractor. You should consult an attorney.
- The gross amount of your claim is less than \$30.00 or more than \$6,000.
- You initiated private legal action to recover the wages claimed.
- You were employed by the State of Indiana (Please contact the Indiana State Personnel Department).
- The claim is against a business in which you were an owner or partner.

The Wage Claim Process (Please be patient, it can take as long as 6 months to resolve some wage disputes).

If your wage claim is accepted, correspondence will be sent directly to the employer. The employer will have two (2) weeks to either mail a check directly to you or dispute the amount claimed. If no response is received, a final notice will be sent to the employer allowing one (1) additional week for response. If no response is received after the final notice, a copy of the Wage Claim file will be sent to you along with a letter recommending that you consult an attorney or pursue your claim in the appropriate court. If the employer disputes the amount claimed, the Indiana Department of Labor will make a determination based upon Indiana law and all evidence presented. If a determination cannot be made, you will receive notice along with a letter recommending you consult an attorney or pursue your claim in the appropriate court.

The Indiana Department of Labor accepts Wage Claims as a service to resolve wage disputes. We cannot guarantee compensation. In addition, Indiana law provides no job protection if you are terminated as a result of filing a wage claim against your current employer.

EXAMPLES of Mathematical Calculations of the Amount of Claim (Your calculations must match the amount of claim):

NON-PAYMENT OF PAYCHECK

<u>Date</u>	<u>Hours Worked</u>	Wage	Amount	(\$96.00 + \$126.00)	AMOUNT OF CLAIM: \$222.00
		<u>Rate</u>	<u>Owed</u>		
8/5/09	8.0 hours	X	\$12.00 = \$96.00		
8/6/09	10.50 hrs	X	\$12.00 = \$126.00		

NON-PAYMENT OF VACATION

<u># Hours accrued</u>	<u>Vacation Time</u>	Wage	Amount	AMOUNT OF CLAIM: \$450.00
		<u>Rate</u>	<u>Accrued</u>	
40.0 hrs		x	\$11.25 = \$450.00	

PAYROLL DEDUCTION

<u>Pay</u>	<u>Amount</u>	(\$53.13 + \$132.52)	AMOUNT OF CLAIM: \$185.65
<u>Date</u>	<u>Deducted</u>		
1/8/10	\$53.13		
1/22/10	\$132.52		



APPLICATION FOR WAGE CLAIM

State Form 2069 (R5 / 12-09)
INDIANA DEPARTMENT OF LABOR

Wage Claim # _____

INDIANA DEPARTMENT OF LABOR
WAGE AND HOUR DIVISION
402 West Washington Street, W195
Indianapolis, IN 46204

(Please type or print your response and be sure to answer all questions)

Employee		Employer	
Name		Name	
Address		Address	
City		City	
State, and ZIP code		State, and ZIP code	
Telephone number		Telephone number	

Amount of Claim	\$	Length of Employment:	From	To
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Address Where Work Was Performed:

Reason for Leaving Employment:

Reason Given For Non-Payment:

Wage Agreement:	Hourly	\$	Salary	\$	Commission	\$	Piece Rate	\$
Type of Claim: Check box(s)		Minimum Wage Complaint	Non-Payment of Overtime	Non-Payment of Vacation	Payroll Deduction	Non-Payment of Paycheck(s)		

INSTRUCTIONS:

- (1) Show, mathematically, how you calculated the amount of your claim
- (2) Be sure to list the dates of non-payment, including hours worked each day with beginning and ending times
- (3) Submit supporting documentation

Incomplete Forms

Any incomplete Application For Wage Claim will be returned to its sender in its entirety without any action taken from our Department.

Disclaimer

The Department of Labor has the right to reject this claim at any time if, in the judgement of the Commissioner of Labor, said claim is not valid and enforceable in the courts.

Date Received (Office Use Only)

Signed		Dated	
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