THIS INFORMATION IS AVAILABLE IN AN ALTERNATE FORMAT



BUREAU OF LABOR AND INDUSTRIES Brad Avakian, Commissioner

HOW TO FILE A WAGE CLAIM

READ THIS PAGE BEFORE YOU FILL OUT THE WAGE CLAIM FORM

If you have a wage and hour-related complaint regarding an employer (such as failure to provide rest breaks or meal periods, irregular paydays, failure to provide itemized pay statements, failure to provide timely paychecks upon termination, etc.), and are <u>not</u> claiming unpaid wages, obtain a Complaint Form from any BOLI office or the bureau's website at <u>www.oregon.gov/boli/whd/w_whcomplaint.shtml</u> and return the completed form to the bureau.

1. THE BUREAU WILL ACCEPT YOUR WAGE CLAIM UNLESS:

- More than 6 months have passed since your date of termination and your claim does not involve minimum wage or overtime;
- More than 1 year has passed since the date the violation first occurred and your claim does not involve minimum wage or overtime;
- Your claim is for *penalty* wages or expenses only;
- Your claim is over \$10,000 and does not involve minimum wage, overtime, or prevailing wage rate;
- You were self-employed;
- You were paid on a commission basis and received at least minimum wage for all hours worked;
- You were a member of a union or collective bargaining unit. (If you were a union member, talk with a Bureau representative before filing a claim);
- You have already begun private legal action to recover the wages claimed;
- You have not yet asked your employer for your wages;
- None of your work was performed in Oregon;
- The claim is against a business in which you were a partner, an owner or had a direct financial interest;
- The claim is against a close relative;
- The claim is against a person you are unwilling to take to court.

2. IF YOU FILE A WAGE CLAIM:

- Read all of the questions carefully before answering;
- Provide a complete explanation of why your employer will not pay your wages;
- Attach to the wage claim form any evidence, documents or witness statements which support your claim (see reverse side for examples);
- Complete the attached calendar. YOUR CLAIM WILL BE ACCEPTED ONLY IF YOU COMPLETE THE ATTACHED CALENDAR WITH THE HOURS YOU WORKED AND PROVIDE DOCUMENTS OR WITNESS STATEMENTS SUPPORTING YOUR CLAIM. If you kept personal records or a calendar of your hours worked, please submit a copy of the records or calendar;
- Report any change of address or phone number to the Bureau (We must be able to contact you to keep your claim open).
- Report any payments received after filing your claim to any office of the Bureau. (See BOLI website at <u>http://www.oregon.gov/BOLI/contact_us.shtml</u> for office contact information or call (971) 673-0761.)

If you have a valid claim, we will attempt to recover all wages owed, but collection depends upon your employer's financial ability to pay, business closure, bankruptcy filing or location of money and assets. Once a wage claim is assigned to the Bureau, the Bureau may compromise or adjust any and all wage claim amounts or penalties.

For claims involving benefits, the Bureau will pursue collection by sending a letter to the employer. If we are unable to collect with this letter, we will take no further action.

The information in this claim may be released to people who request it as required by the public disclosure law.

The Bureau must be objective when investigating wage claims or complaints. You must provide evidence (records, documents, witness statements) which supports your claim (see reverse side for examples). If your claim is accepted, your employer will also be required to submit evidence. The Bureau will evaluate the evidence submitted. Based upon the evidence submitted, the Bureau will decide whether or not a violation of the Wage and Hour laws has occurred. We will proceed with your claim only if the majority of the evidence supports your claim. You will be notified if a conference, hearing, or trial is scheduled. YOUR ATTENDANCE WILL BE REQUIRED.



BUREAU OF LABOR AND INDUSTRIES Brad Avakian, Commissioner WAGE AND HOUR DIVISION

EXAMPLES OF EVIDENCE

Evidence in the form of documents or statements must be included with your wage claim. Indicate below which documents you are submitting to support your claim. Return this form with your evidence.

1.	Time Cards
2.	Shift Schedules
3.	Attendance Rosters
4.	Log Books
5.	Personal Time Records*
6.	Payroll Check Stub
7.	Copies of Bad Checks
8.	Other Evidence of Payment of Wages
9.	W-2 Statements or Other Tax Forms
10.	Employee Handbook
11.	Written Wage Agreements
12.	Statements from witnesses, other than a relative, who have direct knowledge regarding the hours worked and the wage agreement (including a daytime telephone number).
13.	Employment Division Job Order
14.	Newspaper Job Advertisement
15.	Any other documents which substantiate your employment

*If you kept personal records or a calendar of your hours worked, please submit a copy of the records or calendar.



BUREAU OF LABOR AND INDUSTRIES Wage and Hour Division

OFFICE USE ONLY

File # _____

Main File # _____

WAGE CLAIM FORM

Make sure your responses are complete and accurate. If needed, use additional sheets of paper to provide details of your answers. PLEASE PRINT.

1.	EMPLOYEE NAME (Last, First, Middle)	E-MAIL ADDRESS		// DATE OF BIRTH
2.				
2.	ADDRESS: Number and Street City		State	Zip
3.	DRIVER'S LICENSE # () HOME PHONE #	() PERMANENT MES	SSAGE # CELL) PHONE #
4.	NAME OF EMPLOYER'S BUSINESS	BUSINESS OWNER'S	NAME	
5.	EMPLOYER'S BUSINESS ADDRESS: Number & S	Street City	County	Zip
6.	() BUSINESS PHONE NUMBER TYPE OF BUS	INESS	NUM	BER OF EMPLOYEES
7.	STATUS OF EMPLOYER: Bankrupt	_Business sold Ot	her	
8.	STATUS OF BUSINESS: Still Open	Closed on (Date)/	/	
9.	YOUR FIRST WORKDAY:/ YOU	JR LAST WORKDAY:	//	
10.	THE TIME PERIOD FOR THIS CLAIM IS FROM:	/TO	_//	
11.	WAS YOUR EMPLOYMENT COVERED BY A UN	NON CONTRACT?	YesN	0
12.	HAVE YOU TAKEN ACTION ON THIS CLAIM W	/ITH AN ATTORNEY, U	NION OR SMAL	L CLAIMS COURT?
13.	EXPLAIN			
14.	THIS CLAIM IS FOR: Regular wages	_Overtime Both	Benefits	
15.	DID EMPLOYER AGREE TO PAY OVERTIME: _	Yes No Wha	at was the overtim	e agreement?
16.	WHAT WAS YOUR RATE OF PAY DURING THE	TIME CLAIMED? \$		
17.	HOW WERE YOU PAID? (Check one) per per piece? Other:		-	-
18.	HOW MANY HOURS A WEEK WAS IT AGREED (Please completed)	YOUR SALARY COVER te back of this form.)	RED?	

If claiming expenses or bonuses in addition to wages, EXPLAIN WHAT YOU ARE CLAIMING AND YOUR METHOD OF CALCULATION ON A SEPARATE PIECE OF PAPER. For example: Mileage: 30 miles @ \$.30 per mile=\$9.00 in mileage; Bonus: \$100 for each car sold, 4 cars sold=\$400 bonus.

19.	GROSS amount of WAGES YOU SHOULD HAVE BEEN PAID during the period claimed	\$
20.	GROSS amount of WAGES YOU WERE PAID during the period claimed	\$
21.	GROSS amount of wages you believe YOUR EMPLOYER STILL OWES YOU (#19-#20)	\$
22.	DOLLAR VALUE of non-wage goods, property or services you received from employer: (rent, tools, meals, etc.)	\$
23.	WAS ANY OF YOUR WORK PERFORMED IN OREGON? Yes No	
24.	EXPLAIN WHY YOU BELIEVE YOU ARE STILL OWED WAGES:	
	HAVE YOU ASKED YOUR EMPLOYER FOR YOUR WAGES? Yes No	_
26.	EXPLAIN WHY YOUR EMPLOYER HAS FAILED OR REFUSED TO PAY YOUR WAGES	S:
27.	GIVE YOUR JOB TITLE AND DESCRIBE YOUR DUTIES DURING THE TIME CLAIME state whether the work was on homes or commercial buildings. If the construction work involv please ask for a Prevailing Wage Rate complaint form in addition to this form.)	
PROVI	CLAIM WILL BE ACCEPTED ONLY IF YOU COMPLETE YOUR IDE DOCUMENTS OR WITNESS STATEMENTS SUPPORTING YOUR CL ting the calendar are attached.	
VA	ACATION AND OTHER BENEFITS: THESE CLAIMS WILL BE PROCESSED WITH (ONLY A LETTER.
28.	THE TIME PERIOD YOU EARNED THE BENEFITS WAS FROM:/ TO	//
	AMOUNT OF BENEFIT CLAIMED: \$	
	EXPLAIN HOW THIS AMOUNT IS CALCULATED:	
29.	SIGNATURE: DATE:	



BUREAU OF LABOR AND INDUSTRIES BRAD AVAKIAN, COMMISSIONER

ASSIGNMENT OF WAGES

I hereby assign in trust to the Labor Commissioner of the State of Oregon all wages, whether penalty or otherwise, due me from my previous employer, or any other persons legally responsible for the payment of my wages.

By this statement, I authorize the Labor Commissioner to equitably adjust and compromise the amount of wages, whether penalty or otherwise, due me from my previous employer or other persons legally responsible for the payment of my wages.

If the Bureau settles my claim and I receive the amount settled upon, I agree to give up any right I may have to bring suit for additional wages or penalties.

I state that the information submitted with this form is true and accurate to the best of my knowledge. I agree to immediately inform the Bureau if I obtain any payment for the wages claimed herein from the employer or any third party.

(The Bureau can not process your wage claim unless this assignment is signed. Do not sign this document unless you understand the terms of the assignment. For more information, call 971-673-0761.)

Signature of Claimant

Printed Name of Claimant

Date



BUREAU OF LABOR AND INDUSTRIES

INSTRUCTIONS FOR COMPLETING CALENDAR

YOUR CLAIM WILL NOT BE ACCEPTED UNLESS YOU COMPLETE THE CALENDAR.

- Even if you are not paid on an hourly basis, YOU MUST SHOW THE HOURS WORKED.
- The entire period you are claiming MUST be on the calendar forms. If you do not have enough forms, make extra copies BEFORE completing the calendar.
- Include only HOURS ACTUALLY WORKED. If you do not know the hours you actually worked, estimate to the best of your ability. Indicate on the calendar form that your hours are estimates.
- Put the DATES of the month in the SMALL BOXES. (Make sure the dates fall on the same days as shown on the calendar on the back of this form for the periods you are claiming.)
- Put the actual total number of HOURS WORKED, EXCLUDING MEALS, in the LARGE boxes. For example, if you worked 7:00 AM to 4:00 PM with 1 hour off for lunch, you actually worked 8 hours and you would put an "8" in the large box.
- If you are paid on a **PIECE RATE** basis (i.e. by the piece, by the mile, the foot, etc.), include both the number of hours worked AND the number of pieces completed on a daily basis in the large box. (If paid differing rates, include the rates of pay.) **EXAMPLE:**

If you are paid at DIFFERENT
RATES OF PAY, include both the
number of hours worked and the rate
of pay for each rate. EXAMPLE :

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	3	4	5
8 hours @ \$7	.50	8 hours @ \$8.00	4 hours @ \$7.50 4 hours @ \$8.50

• After you have completed the calendar forms, total the number of hours worked. Multiply those hours by your rate of pay. You will then have the amount you earned for the period you are claiming. Enter that amount on Line 19 on the back of the wage claim form. On Line 20, enter the gross wages (before deductions for taxes, social security, etc.) that you actually received. Subtract the amount on Line 20 from the amount on Line 19 and enter the result on Line 21. Line 21 is the amount of wages you are claiming.

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12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 7 28 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 7 28 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 7 28 19</td><td>JULY AUGUST SEPTEMBER OCTOBER NOVE T W T F S 1 2 3 4 5 5 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 20 21 22 23 24 25 26 27 28 28 29 30 3 30 28 29 30 3 30 28 29 30 3 30 <t< td=""><td>JULY AUGUST SEPTEMBER OCTOBER NOVEMI T W T F S 1 2 3 4 5 6 7 8 1 2 3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 9 10 11 12 3 4 5 6 7 8 9 9 10 11 12 13 14 15 16 1 3 14 15 16 17 18 19 10 11 12 13 14 15 16 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 28 29 30 31 30</td><td>JULY AUGUST SEPTEMBER OCTOBER NOVEMBER JULY 1 2 3</td><td>JULY AUGUST SEPTEMBER OCTOBER NOVEMBER T W T F S 1 2 3 4 5 1 2 3 4 5 6 7 7 8 9 10 11 12 3 4 5 6 7 8 9 10 11 12 3 4 5 6 7 8 9 10 11 12 3 4 5 6 7 8 9 10 11 12 13 14 15 1 3 14 15 16 17 18 19 10 11 12 13 14 15 16 17 18 19 20 21 22 2 2 23 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 2 3 24 25 26 27 28 1 2 2 2 2 3 24 25 26 27 28 1 2 2 2 3 24 25 26 27 28 1 2 2 2 3 24 25 26 27 28 1 2 2 2 3 24 25 26 27 28 1 2 2 0 21 22 23 24 25 26 27 28 1 2 2 0 21 22 23 24 25 26 27 28 1 2 2 0 21 22 23 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 2</td><td>JULY AUGUST SEPTEMBER OCTOBER 28 29 30 31 JULY S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 S M T W T F S S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 2 13 14 15 16 17 18 1 2 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 2 2 2 23 24 25 26 27 28 1 2 2 2 23 24 25 26 27 28 1 2 2 2 2 2 23 24 25 26 27 28 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2</td><td>JULY AUGUST SEPTEMBER OCTOBER NOVEMBER S N T W T F S S M T W T F S S</td><td>JULY AUGUST 26 27 28 29 30 31 23 24 25 26 27 28 29 30 28 29 30 31 25 2 JULY AUGUST S M T W T F S</td><td>JULY AUGUST SEPTEMBER OCTOBER NOVEMBER D 1 26 27 28 26 27 28 29 30 31 23 24 25 26 27 28 29 30 28 29 30 31 25 26 27 28 29 30 JULY AUGUST SEPTEMBER
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11 3 4 5 6 10 11 12 13 14 15 16 17 18 10 11 12 13 14 15 16 12 13 14 15 16 17 18 10 11 12 13 14 15 16 10 11 12 13 14 15 16 11 12 13 14 15 16 17 18 10 10 11 12 13 12 2 3 24 25 26 27 28 17 18 19 20 21 22 23 24 25 17 18 19 20 21 22 23 24 25 17 18 19 20 21 22 23 24 25 17 18 19 20</td><td>JULY AUGUST 26 27 28 29 30 31 23 24 25 26 27 28 29 30 31 28 29 30 31 25 26 27 28 29 30 31 JULY AUGUST S M T W T F S <th< td=""><td>JULY AUGUST 26 27 28 29 30 31 23 24 25 26 27 28 29 30 28 29 30 31 25 26 27 28 29 30 JULY AUGUST S M T W T F S S M T W T F</td></th<></td></t<> | JULY AUGUST SEPTEMBER OCTOBER NOVEMI T W T F S 1 2 3 4 5 6 7 8 1 2 3 4 5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 9 10 11 12 3 4 5 6 7 8 9 9 10 11 12 13 14 15 16 1 3 14 15 16 17 18 19 10 11 12 13 14 15 16 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 28 29 30 31 30 | JULY AUGUST SEPTEMBER OCTOBER NOVEMBER JULY 1 2 3 | JULY AUGUST SEPTEMBER OCTOBER NOVEMBER T W T F S 1 2 3 4 5 1 2 3 4 5 6 7 7 8 9 10 11 12 3 4 5 6 7 8 9 10 11 12 3 4 5 6 7 8 9 10 11 12 3 4 5 6 7 8 9 10 11 12 13 14 15 1 3 14 15 16 17 18 19 10 11 12 13 14 15 16 17 18 19 20 21 22 2 2 23 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 2 3 24 25 26 27 28 1 2 2 2 2 3 24 25 26 27 28 1 2 2 2 3 24 25 26 27 28 1 2 2 2 3 24 25 26 27 28 1 2 2 2 3 24 25 26 27 28 1 2 2 0 21 22 23 24 25 26 27 28 1 2 2 0 21 22 23 24 25 26 27 28 1 2 2 0 21 22 23 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 27 28 1 2 2 3 24 25 26 2 | JULY AUGUST SEPTEMBER OCTOBER 28 29 30 31 JULY S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 S M T W T F S S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 2 13 14 15 16 17 18 1 2 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 2 2 2 23 24 25 26 27 28 1 2 2 2 23 24 25 26 27 28 1 2 2 2 2 2 23 24 25 26 27 28 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | JULY AUGUST SEPTEMBER OCTOBER NOVEMBER S N T W T F S S M T W T F
S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S | JULY AUGUST 26 27 28 29 30 31 23 24 25 26 27 28 29 30 28 29 30 31 25 2 JULY AUGUST S M T W T F S | JULY AUGUST SEPTEMBER OCTOBER NOVEMBER D 1 26 27 28 26 27 28 29 30 31 23 24 25 26 27 28 29 30 28 29 30 31 25 26 27 28 29 30 JULY AUGUST SEPTEMBER OCTOBER NOVEMBER D 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 9 3 4 5 6 7 8 9 1 2 3 4 5 6 7 8 9 3 4 5 6 7 8 9 1 1 12 13 14 15 16 17 18 19 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 12 23 24 25 26 27 28 12 13 14 15 16 17 18 19 20 21 12 23 24 25 26 27 28 19 20 21 22 23 24 25 26 27 28 19 20 21 22 23 24 25 26 27 28 19 20 21 22 23 24 25 26 27 28 19 20 21 22 23 24 25 26 27 28 17 18 | JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DEC JULY S M T W T F S S M T W T F S 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 5 M T W T F S 5 M T W T F S 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 12 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 10 11 12 13 14 15 16 17 18 10 11 12 13 14 15 16 17 18 10 11 12 13 14 15 16 17 18 10 11 12 12 23 24 25 26 27 28 19 20 21 22 23 24 25 26 17 18 19 20 21 22 23 17 18 19 20 21 22 23 17 18 19 20 21 22 23 17 18 19 20 21 22 23 17 18 19 20 21 22 23 17 18 19 20 21 22 23 17 18 19 20 21 22 23 17 18 19 17 18 19 17 18 19 17 18 19 | JULY AUGUST SEPTEMBER OCTOBER 28 29 30 31 25 26 27 28 22 27 28 22 27 28 22 27 28 22 27 28 22 27 28 22 27 28 23 24 25 26 27 28 29 28 29 30 31 25 26 27 28 28 29 30 31 25 26 27 28 JULY AUGUST S M T W T F S S M T W T F S 1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 3 4 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 3 4 5 6 3 4 5 6 7 8 9 10 11 12 13 14 5 6 7 8 9 10 11 3 4 5 6 10 11 12 13 14 15 16 17 18 10 11 12 13 14 15 16 12 13 14 15 16 17 18 10 11 12 13 14 15 16 10 11 12 13 14 15 16 11 12 13 14 15 16 17 18 10 10 11 12 13 12 2 3 24 25 26 27 28 17 18 19 20 21 22 23 24 25 17 18 19 20 21 22 23 24 25 17 18 19 20 21 22 23 24 25 17 18 19 20 | JULY AUGUST 26 27 28 29 30 31 23 24 25 26 27 28 29 30 31 28 29 30 31 25 26 27 28 29 30 31 JULY AUGUST S M T W T F S <th< td=""><td>JULY AUGUST 26 27 28 29 30 31 23 24 25 26 27 28 29 30 28 29 30 31 25 26 27 28 29 30 JULY AUGUST S M T W T F S S M T W T F</td></th<> | JULY AUGUST 26 27 28 29 30 31 23 24 25 26 27 28 29 30 28 29 30 31 25 26 27 28 29 30 JULY AUGUST S M T W T F S S M T W T F |

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS
123456	1 2 3	12.3	1 2 3 4 5 6 7	1 2 3 4 5	1
23134	4 5 6 7 8 9 10	4 5 6 7 8 9 10	8 9 10 11 12 13 14	6 7 8 9 10 11 12	3 4 5 6 7 8
7 8 9 10 11 12 13	1 2 2 1 2 2 1	11 12 13 14 15 16 17	15 16 17 18 19 20 21	13 14 15 16 17 18 19	10 11 12 13 14 15 1
4 15 16 17 18 19 20	11 12 13 14 15 16 17		1	20 21 22 23 24 25 26	17 18 19 20 21 22 2
1 22 23 24 25 26 27	18 19 20 21 22 23 24	18 19 20 21 22 23 24	22 23 24 25 26 27 28		
8 29 30 31	25 26 27 28	25 26 27 28 29 30 31	29 30	27 ²⁸ 29 30 31	24 25 26 27 28 29 3
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTFS	SMTWTF
1234567	1 2 3 4	1	123456	1 2 3	
25.501	5 6 7 8 9 10 11	2 3 4 5 6 7 8	7 8 9 10 11 12 13	4 5 6 7 8 9 10	234567
8 9 10 11 12 13 14	5 . , 8	9 10 11 12 13 14 15	14 15 16 17 18 19 20	11 12 13 14 15 16 17	9 10 11 12 13 14
			14 15 10 1/ 10 19 20	12 13 14 13 10 17	5 10 11 12 13 14
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15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			21 22 23 24 25 26 27 28 29 30 31	18 19 20 21 ²² 23 24 25 26 27 28 29 30	16 17 18 19 20 21 2 23 24 25 26 27 28

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
5 M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 14 15 16 17 18 19 20 21 23 24 25 26 27 28 29 30 14 15 14 15 16 17 18 19 10 14 15 14 16 17	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 ²⁴ 25 26 27 28 29 30
JULY 5 M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	AUGUST 5 M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	SEPTEMBER 5 M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	OCTOBER 5 M T W T F S 1 2 3 4 S 6 7 8 910 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	NOVEMBER S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	DECEMBER S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Month:							Y	ear:	
SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

Month:							Ye	ear:	
SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

Month:							Y	ear:	
SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

Month:					Year:				
SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

Month:					Year:					
SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use	

Month:					Year:				
SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

Month:					Year:					
SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use	

Month:					Year:				
SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

FIND THE COUNTY WHERE THE EMPLOYER IS LOCATED IN THE LIST BELOW AND MAIL YOUR CLAIM/COMPLAINT TO THE BOLI OFFICE INDICATED. BOLI ADDRESSES AND TELEPHONE NUMBERS ARE LISTED BELOW.

<u>COUNTY</u>	BOLI OFFICE
BAKER	PORTLAND
BENTON	SALEM
CLACKAMAS	PORTLAND
CLATSOP	PORTLAND
COLUMBIA	PORTLAND
COOS	MEDFORD
CROOK	EUGENE
CURRY	MEDFORD
DESCHUTES	EUGENE
DOUGLAS	EUGENE
GILLIAM	PORTLAND
GRANT	PORTLAND
HARNEY	MEDFORD
HOOD RIVER	PORTLAND
JACKSON	MEDFORD
JEFFERSON	EUGENE
JOSEPHINE	MEDFORD
KLAMATH (NORTH)	MEDFORD
KLAMATH (SOUTH)	MEDFORD
LAKE (NORTH)	MEDFORD
LAKE (SOUTH)	MEDFORD
LANE	EUGENE
LINCOLN	SALEM
LINN	SALEM
MALHEUR	MEDFORD
MARION	SALEM
MORROW	PORTLAND
MULTNOMAH	PORTLAND
POLK	SALEM
SHERMAN	PORTLAND
TILLAMOOK	SALEM
UMATILLA	PORTLAND
UNION	PORTLAND
WALLOWA	PORTLAND
WASCO	PORTLAND
WASHINGTON	PORTLAND
WHEELER	PORTLAND
YAMHILL	SALEM

EUGENE	MEDFORD	PORTLAND
1400 EXECUTIVE PKWY, #200	119 N. OAKDALE AVE	800 NE OREGON STREET, #1045
EUGENE, OR 97401	MEDFORD, OR 97501	PORTLAND, OR 97232-2180
PHONE: (541) 686-7623	PHONE: (541) 776-6270	PHONE: (971) 673-0761
FAX: (541) 686-7980	FAX: (541) 776-6284	FAX: (971) 673-0769
TTY: (541) 686-7847	TTY: (541) 776-6270	TTY: (971) 673-0766

SALEM

3865 WOLVERINE ST NE; E-1 SALEM, OR 97305-1268 PHONE: (503) 378-3292 FAX: (503) 373-7636 TTY: (503) 731-4106