

**OKLAHOMA DEPARTMENT OF LABOR  
EMPLOYMENT STANDARDS DIVISION  
WAGE & HOUR UNIT**

4001 Lincoln Boulevard  
Oklahoma City, Oklahoma 73105-5212  
(405) 528-1500  
FAX (405) 528-0954



440 South Houston, Suite 300  
Tulsa, Oklahoma 74127-8920  
(918) 581-2400  
FAX (918) 581-2431

**EMPLOYER'S WAGE CLAIM RESPONSE**

Before completing your response, **Read All Instructions** printed on the back of this form.

1. CLAIMANT NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_ FILE DATE: \_\_\_\_\_

2. NAME OF BUSINESS: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Do You Have Workers Comp? Yes ( ) No ( )

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Effective \_\_\_\_\_ Expires \_\_\_\_\_

5. Federal ID No. \_\_\_\_\_ Is the Business Incorporated? Yes ( ) No ( ) Annual Dollar Volume: \_\_\_\_\_

6. COMPANY PRESIDENT: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. COMPANY VICE PRESIDENT: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. COMPANY SECRETARY/TREASURER: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. SERVICE AGENT: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. Is Claimant Related To Owner/Officer of Business? \_\_\_\_\_ If Yes, What is Relationship? \_\_\_\_\_

11. Is Business Still Operating? \_\_\_\_\_ Current Number of Employees: \_\_\_\_\_

12. If Business is Closed Has Any Action Been Filed in Bankruptcy Court? Yes ( ) No ( )

Trustee's Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

Trustee's Complete Address: \_\_\_\_\_

13. List Other Businesses Operated by Corporation or Owner \_\_\_\_\_

**EMPLOYMENT AGREEMENT**

14. Who Hired Claimant? \_\_\_\_\_ Date of Hire: \_\_\_\_\_

15. Claimant's Starting Employment Date: \_\_\_\_\_ Last Day of Employment: \_\_\_\_\_

16. What Was Agreed pay Period? (**Attach Payroll Records**) \_\_\_\_\_

17. What Was Agreed Rate of Pay (If more than one type of wage, fill in each amount AND attach supporting documents.)

\$ _____ REGULAR	<i>USE THIS SPACE TO EXPLAIN</i>
\$ _____ COMMISSION	_____
\$ _____ MINIMUM WAGE	_____
\$ _____ BENEFIT	_____
\$ _____ DEDUCTION	_____
\$ _____ OVERTIME	_____
\$ _____ MISC.	_____
\$ _____ TOTAL AMOUNT CLAIMED	

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18. Was Agreement Does Claimant Have Any of Your Property? Yes ( ) No ( )  
 Oral ( ) Written, **attach copy** ( ) If yes, explain:

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19. Did Claimant Sign Any Documents Authorizing Deductions Other Than Regular Payroll Deductions:  
 Yes ( ) No ( ) If yes (**enclose copy**) and explain:

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20. If Claim is For Hourly Wages or Salary, did Claimant Work Weeks/Day/Hours As Claimed?  
 Yes ( ) No ( ) (**Attach copies of time cards and other records**)  
 Explain:

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21. If Claim is For Holiday, Vacation, Overtime, Severance, Bonuses or Other Similar Advantages of Pay Promised, Do You Have a Policy  
 or Practice of Making Such Payments? Yes ( ) No ( )  
**(Attach copies of any written policies of agreement)**

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22. Did Claimant Meet Conditions of Such Policies or Practices? Yes ( ) No ( )  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_

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23. Has Claimant Been Paid Any of Wages in Question? Yes ( ) No ( )  
 If yes, indicate gross amount paid: \_\_\_\_\_ (**Attach copies to verify payment, i.e. certified checks copied front and back**)  
 Date Paid: \_\_\_\_\_ Cash ( ) Check ( ) Other, explain ( )

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24. What Gross Amount Do You Acknowledge is Owed Claimant?  
 \_\_\_\_\_ (**Attach check in that amount made payable to claimant**)

**NOTE: If wages are due, payment must be IMMEDIATE in accordance with Title 40 O.S., Section 165.3B. "If an employer fails to pay an employee wages as required under subsection A of this section, such employer shall be additionally liable to the employee for liquidated damages in the amount of two percent (2%) of the unpaid wages for EACH DAY upon which such failure shall continue after the day upon which payment is required; or in the amount EQUAL to the unpaid wages, whichever is smaller..."**

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25. State Your Reasons For Not Paying the Amount Alleged by Claimant:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**INSTRUCTIONS FOR FILING  
 EMPLOYER WAGE CLAIM RESPONSE**

Pursuant to Title 40 O.S. § 197.7 and 165.7, as an employer in the State of Oklahoma, you are required by law to complete an **Employer's Wage Claim Response Form**. Your response must also include all documentation (i.e., policies, checks, payroll, timecards) with regard to your defense of this claim. Your completed response form must be returned to this department in **writing** within fifteen (15) days of date on accompanying notice.

**I HEREBY VERIFY, that this is a true, complete and accurate statement of facts relating to the claim to the best of my knowledge and belief. I understand that falsification of any information required by this form is a felony and can result in criminal prosecution.**

Date	(Employer's Signature)
	(Title)
	(Work Address)
	(Work City, State, Zip)
	(Work Phone) <span style="float: right;">(Home Phone)</span>