



# Wage Claim Form

Oklahoma Department of Labor  
labor.ok.gov

Oklahoma City  
4001 North Lincoln  
Oklahoma City, OK 73105  
405-528-1500  
888-269-5353

Tulsa  
440 South Houston, Suite 300  
Tulsa, OK 74127  
918-581-2400

Before completing this form, *read all instructions* printed on the reverse side of this form.

1. EMPLOYEE NAME		DATE	
2. HOME TELEPHONE	CURRENT WORK TELEPHONE	AGE	GENDER
3. ADDRESS		CITY	STATE ZIP CODE
4. CLAIM FILED AGAINST (Name of Business)		OWNER / MANAGER	BUSINESS TELEPHONE
5. ADDRESS		CITY	STATE ZIP CODE
6. TYPE OF BUSINESS		DESCRIBE WORK PERFORMED	
7. BUSINESS FILED BANKRUPTCY? Yes ( ) No ( ) IF YES, CASE NUMBER:			
8. ADDRESS WHERE WORK WAS PERFORMED:		Street	City County
9. WERE TAXES DEDUCTED FROM YOUR CHECK? Yes ( ) No ( ) DATES OF EMPLOYMENT? From: To:			
10. DID YOU RECEIVE A CHECK STUB WITH YOUR PAYCHECK? Yes ( ) No ( )			
11. BUSINESS STILL OPEN? Yes ( ) No ( )		WERE REGULAR WORKING HOURS SET? Yes ( ) No ( )	
12. DID YOU AUTHORIZE DEDUCTIONS OTHER THAN REGULAR PAYROLL TAX, ETC.?			
13. WHO HIRED YOU?		WAS AGREEMENT: Oral ( ) Written ( ) If written, attach copy to claim form.	
14. DO YOU HAVE ANY OF THE EMPLOYER'S PROPERTY? Yes ( ) No ( )		HAVE YOU ASKED FOR YOUR WAGES? Yes ( ) No ( )	
15. WERE YOU PAID WITH ANY INSUFFICIENT CHECK(S)? Yes ( ) No ( )		IF YES, IS AMOUNT INCLUDED IN TOTAL AMOUNT OF CLAIMED? Yes ( ) No ( )	
16. SALARY OR HOURLY RATE OF PAY (Examples: \$5 per hour, 20% commission)		REGULARLY SCHEDULED PAYDAYS Weekly Monthly Bi-Monthly Other (specify):	
17. ARE YOU RELATED TO YOUR EMPLOYERS? Yes ( ) No ( )		IF YES, WHAT IS YOUR RELATIONSHIP?	
18. REASON GIVEN BY EMPLOYER FOR NON-PAYMENT OF WAGES		DO YOU OWE MONEY TO THE EMPLOYER? Yes ( ) No ( )	
19. HAVE YOU RETAINED AN ATTORNEY? Yes ( ) No ( )		IF YES, name, address and telephone of attorney:	
20. HAVE YOU FILED IN CIVIL COURT? Yes ( ) No ( )		IF YES, case number:	
21. <b>AMOUNT OF YOUR CLAIM:</b> (If more than one type of wage is due, fill in each amount <b>AND</b> attach documents.)			
a. \$ _____ Regular	<b>USE THIS SPACE TO EXPLAIN CLAIM INCLUDING DATES:</b>		
b. \$ _____ Commission	<b>Date wages were due:</b> _____		
c. \$ _____ Minimum Wage	_____		
d. \$ _____ Benefit	_____		
e. \$ _____ Deduction	_____		
f. \$ _____ Overtime	_____		
g. \$ _____ Miscellaneous	_____		
\$ _____ <b>TOTAL AMOUNT CLAIMED</b>	_____		

**FOR OFFICE USE ONLY**

WCF 2007-10

FILE DATE: \_\_\_\_\_ TOTAL COLLECTED: \_\_\_\_\_ Walk In: Yes ( ) No ( )  
DISPOSITION: \_\_\_\_\_ FILE NO.: \_\_\_\_\_ ID: \_\_\_\_\_

