

Oklahoma City 4001 North Lincoln

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

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		Е	AGE	GENDER	
3. ADDRESS		CITY	STATE	ZIP CODE	
4. CLAIM FILED AGAINST (Name of Business)		OWNER / MANAGER	BUSINESS TEL	BUSINESS TELEPHONE	
5. ADDRESS		CITY	STATE	ZIP CODE	
6. TYPE OF BUSINESS		DESCRIBE WORK PERFORMED			
7. BUSINESS FILED BANKI	RUPTCY? Yes () No () IF YES, CASE NUMBER:				
8. ADDRESS WHERE WOR	K WAS PERFORMED: Street	City	County		
9. WERE TAXES DEDUCTE	ED FROM YOUR CHECK? Yes () No () DATES OF	FEMPLOYMENT? From: To:			
10. DID YOU RECEIVE A CI	HECK STUB WITH YOUR PAYCHECK? Yes () No ()				
11. BUSINESS STILL OPEN	? Yes () No ()	WERE REGULAR WORKING HOURS SE	T? Yes () No ()	
12. DID YOU AUTHORIZE	DEDUCTIONS OTHER THAN REGULAR PAYROLL TAX, ETC	C.?			
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	H ANY INSUFFICIENT CHECK(S)? Yes () No ()	IF YES, IS AMOUNT INCLUDED IN TO	ΓAL AMOUNT OF CLΑ	AIMED? Yes () No ()	
16. SALARY OR HOURLY RATE OF PAY		REGULARLY SCHEDULED PAYDAYS			
(Examples: \$5 per hour, 20% commission)		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 C	CIVIL COURT? Yes () No ()	IF YES, case number:			
21. AMOUNT OF Y	OUR CLAIM: (If more than one type of wag				
a. \$		USE THIS SPACE TO EXPI			
b. \$	Commission	Date wages were due:			
c. \$	Minimum Wage				
d. \$	Benefit				
e. \$	Deduction				
f. \$	Overtime				
g. \$	Miscellaneous				
\$	TOTAL AMOUNT CLAIMED				
FOR OFFICE USE	ONLY			WCF 2007-10	
	TOTAL COLLEC	TED:	Walk In:		
	101112 002220	FILE NO.:	ID: _		

Instructions for filing a Wage Claim Form

The Oklahoma Department of Labor (ODOL) serves as an advocate for Oklahoma's workforce. ODOL labor compliance officers investigate the validity of wage claims and, if warranted, will issue orders demanding payment on behalf of employees. For more information about Oklahoma wage laws, access the ODOL website at www.okdol.state.ok.us, or call ODOL and request your free copy of the Wage Law booklet. Please read and follow the instructions below:

- In order to receive the full benefits due to you under Oklahoma law, you <u>must have asked</u> your employer for the wages you believe are due you before completing and filing this form with ODOL.
- This form <u>must be filled in completely</u>. Be thorough when explaining your claim including all dates related to your claim.
- This claim form <u>must be signed and notarized</u> or it will be returned to you causing a delay in processing your claim. You can take your claim to either the Tulsa or Oklahoma City Oklahoma Department of Labor office for notarization but it will <u>not</u> be accepted through the mail if not notarized.
- Your employer will be notified of your complaint within ten (10) working days of the date your claim is received by ODOL.
- Attach any documents (i.e., time sheets, company policy, pay stubs, etc.) if available to avoid any delays in processing time.

USE THIS SPACE	E FOR FURTHER DETAIL IF N	ECESSARY, OR ATTACI	H ADDITIONAL INF	FORMATION:
PERSON THROUGH WHOM NAME	YOU CAN <mark>ALWAYS</mark> BE REACHED:	HOME TELEPHONE		
ADDRESS		CITY	STATE	ZIP CODE
	at this is a true statement of wages due to me a felony and can result in criminal prosecut			
Date	Claimant's Signature			
Subscribed and sworn	/ affirmed before me this day o	of, 20		
My commission expire	es: / /			

Notary Public

(Seal)