

**TEXAS WORKFORCE COMMISSION
WAGE CLAIM INFORMATION
TEXAS PAYDAY LAW**

**IMPORTANT! YOUR CLAIM MUST BE SIGNED AND SWORN BEFORE A NOTARY PUBLIC
OR A TWC REPRESENTATIVE. YOU MUST FILL OUT THE FORM COMPLETELY.**

INFORMATION YOU SHOULD CONSIDER BEFORE FILING A WAGE CLAIM

Wage problems can often be cleared up by discussing them with your employer. Before filing a claim for unpaid wages, you may want to advise your employer that the Texas Payday Law, Title 2, Chapter 61, Texas Labor Code provides that:

1. Your employer must pay you at least once a month if you are not subject to the overtime provisions of the Fair Labor Standards Act. All others must be paid at least semimonthly.
2. If you are absent on payday, you are entitled to be paid at your request on a regular business day.
3. If you leave your work for a reason other than by discharge, you must be paid in full not later than the next regularly scheduled payday.
4. If discharged, you must be paid in full not later than the sixth day after termination.
5. Bonuses or wages paid on a commission basis are due in a timely manner, according to the terms of agreement entered into between employee and employer.
6. You may be entitled to unpaid wages for unused "fringe benefits" (vacation, holiday, sick leave, parental leave, or severance pay), only if your employer provides for these benefits in a written policy or agreement.
7. Your wages may be withheld only if the employer:
 - a. Is ordered to do so by a court;
 - b. Is authorized by state or federal law (e.g. payroll taxes); or
 - c. Has your written authorization to make the deductions.

IF YOU FEEL YOUR RIGHTS UNDER THE PAYDAY LAW HAVE BEEN VIOLATED, YOU MAY FILE A WRITTEN WAGE CLAIM. YOU SHOULD KNOW THAT A WAGE CLAIM CANNOT BE ACCEPTED IF:

- Your wage claim is **not filled out completely, legibly and accurately, and signed and sworn to**. The claim should identify each type of unpaid wage claimed, and how you determined the amount due to you. If there is insufficient information on the wage claim to contact the employer, your claim will be dismissed.
- Your wage claim is **without the signatures of both you and the witness**.
- You acted as an "**independent contractor**" and not as an "employee" of the business.
- You were **employed by a close relative** (such as: mother, grandfather, or father-in-law).
- Your employer **filed for bankruptcy** (if so, you may need to file proof of claim directly with the Bankruptcy Court).
- You were **employed by the federal government, the state, or a political subdivision of the state**.
- Your wage claim is **filed later than the 180th day** after the date the unpaid wages were due to be paid. If part of your claim is within 180 days, file only for that part.
- You file against more than one employer on one claim form. Use separate wage claim forms for filing against each employer.

MAIL YOUR COMPLETED WAGE CLAIM TO:
Texas Workforce Commission, Labor Law Section
101 East 15th Street, Room 124T
Austin, TX 78778-0001

OR

FAX YOUR COMPLETED WAGE CLAIM TO:
1-512-475-3025

**Call 1-800-832-9243, 1-512-475-2670, or TDD 1-800-735-2989 (hearing impaired)
if you need assistance in completing the wage claim.**

Please attach a copy of your most recent payroll check or stub. If your address or phone number changes, it is your responsibility to **notify Labor Law in writing** immediately. If you cannot be contacted, the likelihood of collecting unpaid wages will be reduced.

**TITLE 2, CHAPTER 61, TEXAS LABOR CODE, PROVIDES THAT A PENALTY
MAY BE ASSESSED FOR WAGE CLAIMS BROUGHT IN BAD FAITH.**

Wage Claim

No. _____

TEXAS WORKFORCE COMMISSION, LABOR LAW SECTION

101 EAST 15TH STREET, AUSTIN, TEXAS 78778-0001

Telephone 1-800-832-9243 or 1-512-475-2670 or TDD 1-800-735-2989 (Hearing Impaired); Fax 1-512-475-3025

(PURSUANT TO TITLE 2, CHAPTER 61, TEXAS LABOR CODE)

PLEASE WRITE CLEARLY IN INK. Note: Social Security Number is optional, but failing to include it will delay processing of your claim.

CLAIMANT INFORMATION:

Your Name _____
(First) (Middle) (Last)

Address _____

Apartment # _____

City _____ State _____ Zip _____

Social Security Number _____

Home Phone (____) _____

Birthdate _____
(MM DD YY)

Current Work Phone _____

INFORMATION ABOUT YOUR EMPLOYER:

Business Name _____

Owner's Name _____

Business Address _____

City _____ State _____ Zip _____

Employer's Phone (____) _____

Work Location _____

PLEASE COMPLETE THE FOLLOWING EMPLOYMENT INFORMATION:

1. What work did you perform? _____
2. Beginning date of employment _____
Employment status with this employer: Still employed Quit date _____ Termination date _____
Reason for separation: _____
3. When were your regularly scheduled paydays? _____
What was your rate of pay? (Examples: \$3/hour, \$1,000/month, \$.50/piece, \$2/sq. ft.) _____
What was the agreed work schedule? _____ Hrs./day, _____ Days/wk, _____ other _____
4. Was your compensation agreement Oral Written **(please attach a copy)** _____
5. Were the claimed wages earned in Texas? Yes No
If not, was the job contracted in Texas? Yes No
6. Were taxes deducted from your paycheck? Yes No
7. Is the employer still in business? Yes No
What is the employer's home address and phone number? _____

8. **Is the employer in bankruptcy?** Yes No
9. What is the name and phone number of your supervisor during the period claimed? _____

10. **If you are related to the employer, please state the relationship.** _____
11. Did the employer give a reason for not paying you? If so, explain: _____

12. Choose the type(s) of unpaid wages below that best describe your claim, and write the **amount of unpaid wages**, listing the gross amount of wages due. Note: You cannot file for recovery of any type of expenses, since expenses are not wages.

Regular \$ _____ Commissions \$ _____ * Fringe Benefits \$ _____ Pay Deductions \$ _____

Overtime \$ _____ Unpaid Bonus \$ _____ Pay Below Minimum Wage \$ _____

TOTAL UNPAID WAGES CLAIMED \$ _____

** The only fringe benefits that can be claimed are vacation pay, holiday pay, severance, sick leave, or parental leave. These benefits cannot be claimed unless provided for in a written agreement or a written policy of the employer.*

(Continued on Back)

13. What was the scheduled payday(s) for these claimed wages? Date(s) _____
14. If claiming **regular, overtime, and/or minimum wage**, what were the dates you worked for which you received no wages?
 From _____ to _____. Please explain how you determined each amount claimed. (Example: 20 hours regular pay at \$5 per hour and 5 hours overtime pay at \$7.50 per hour.
 Example: 30 items at a piece rate of \$.75 per item). _____
 Please attach the check stubs or earnings statement. _____
15. If claiming **commission**, what was the period in which the wages were earned?
 From _____ to _____. Indicate how you determined the amount due (**attach information to support your claim, such as sales records, check stubs, etc.**). _____
16. If claiming a **bonus**, was the bonus a part of your employment agreement or a casual gift? _____
 If based on performance, what was the period in which the bonus was earned?
 From _____ to _____.
 Please furnish details of the bonus (**include a copy**). _____
17. If claiming a covered **fringe benefit**, please explain which benefit(s) you are claiming and why you are entitled to the wages. Please indicate how you determined the amount due and **attach a copy** of the employer's written agreement or policy concerning the type of fringe benefits(s) claimed. _____
18. If claiming **deductions**, did you sign any authorization for deductions other than regular payroll taxes? Yes No
 If yes, please explain (**attach a copy**). _____
19. Are you in **bankruptcy**? Yes No If yes, what is your **bankruptcy filing date**? _____
 Chapter: _____ Case No: _____ Where filed: _____
 What is your bankruptcy attorney's name, address, and phone number? _____
20. Are you aware of any **agreement** (such as arbitration, collective bargaining agreement, union contract, ERISA, Service Contract Act, etc.) that existed between you and the employer? Yes No
 If yes, please attach a copy of the agreement. _____
21. Additional Comments: _____

I UNDERSTAND THAT THIS IS A SWORN WAGE CLAIM AND THAT I MAY BE ASSESSED AN ADMINISTRATIVE PENALTY IF THIS CLAIM IS FOUND TO BE BROUGHT IN BAD FAITH.

(Your Wage Claim must be signed below and must be sworn to before a Texas Workforce Commission Representative or a Notary Public.)

Date _____ **Claimant's Signature** _____

Before me the undersigned authority, on this day personally appeared the above named claimant, who on oath states to have knowledge of the facts set forth in this wage claim, and that the matter and facts set forth therein are to the best of the claimant's knowledge true and correct.

_____ or _____
Texas Workforce Commission Representative **Notary Public**
Office No. _____ **My Commission Expires** _____