

IMPORTANT CLAIMANT WAGE CLAIM PROCEDURES

Please Read and Keep for Your Records

As a result of the wage claim you are filing with the Department of Labor, we will be conducting an investigation into the facts and circumstances of the working relationship with your former employer.

As the claimant, it is your responsibility to prove that:

1. You were an employee and not an independent contractor;
2. The actual hours you worked;
3. Your rate of pay; and
4. The amount of unpaid wages owed to you by your former employer.

THE INFORMATION PROVIDED ON YOUR WAGE CLAIM FORM, WITHOUT ADDITIONAL SUPPORTING DOCUMENTATION, WILL NOT BE ENOUGH TO PROVE YOUR WAGE CLAIM.

Please attach to your Wage Claim Form copies of any employment records, employment contracts, copies of payroll checks, time records, W-2 forms, or any other records pertinent to your wage claim. Also, you must also keep the Department informed of any changes in your address or telephone number.

A copy of your wage claim and all attachments will be sent to your former employer for their response. Your former employer will have 14 days to respond to your wage claim. If a response is received, you will be given a copy of the response and will have 14 days to reply. If you fail to reply, or if you fail to request further action after receiving written notice from the Department, your claim will be closed.

A Compliance Officer will review your wage claim, supporting documentation and your former employer's response, if any, and issue a Determination. A copy of this Determination will be mailed to you and your former employer. If either party disagrees with the Determination, an appeal must be filed within 14 days of the date of mailing of the Determination, in accordance with the instructions contained in the Determination.

If an appeal hearing is held, it will be conducted by telephone. During the hearing, you and your former employer will be allowed to present testimony, witnesses and documents to support your positions. The Appeals Examiner will consider all testimony and documents submitted and issue a Decision.

If a Determination or Decision is not appealed, it will be enforced by the Department pursuant to the provisions of Sections 45-618, 620 and 621, Idaho Code.

BOISE

219 W Main Street
Boise, ID 83735-0030
(208) 332-3579 ext 3192

BURLEY

127 W 5th Street N
Burley, ID 83318-0158
(208) 678-5518 ext 3128

CALDWELL

4514 Thomas Jefferson St
Caldwell, ID 83605
(208) 364-7783 ext 3195

KOOTENAI COUNTY

600 N. Thornton Street
Post Falls, Idaho 83854
(208) 457-8789 ext 3845

POCATELLO

430 N 5th Avenue
P O Box 4087
Pocatello, ID 83205-4087
(208) 236-6710 ext 3690

WAGE CLAIM FORM INSTRUCTIONS

IMPORTANT INFORMATION: FILING A WAGE CLAIM WITH THE DEPARTMENT IS NOT YOUR ONLY REMEDY. INSTEAD OF FILING A WAGE CLAIM WITH THE DEPARTMENT, YOU MAY FILE A CIVIL COMPLAINT IN SMALL CLAIMS COURT OR SEEK THE ASSISTANCE OF A PRIVATE ATTORNEY. IF YOU CHOOSE TO FILE A WAGE CLAIM WITH THE DEPARTMENT, THE ADMINISTRATIVE PROCEDURES IN IDAHO CODE § 45-617 WILL PROVIDE THE EXCLUSIVE REMEDY FOR RESOLVING YOUR WAGE CLAIM. YOU WILL GIVE UP YOUR RIGHT TO FILE A CIVIL COMPLAINT.

ANY PERSON FOUND TO HAVE MADE A FALSE CLAIM FOR WAGES OR OTHER COMPENSATION WILL BE GUILTY OF A MISDEMEANOR WHICH IS PUNISHABLE BY CONFINEMENT IN THE COUNTY JAIL FOR UP TO 6 MONTHS, OR BY A FINE OF UP TO \$1,000, OR BOTH.

HOW TO FILE A WAGE CLAIM

1. Do **NOT** fill out the claim form if:
Your claim is against a government agency or Native American tribe; or
You are self-employed or an independent contractor; or
Your claim is over \$5,000.00 (except in the case of minimum wage claims); or
Your claim is for overtime or expense reimbursement.
2. Before filling out the wage claim form, please thoroughly read "A Guide to Idaho Labor Laws."
3. If you file a claim read and answer all questions carefully and completely. If all questions have not been answered, your claim form will be returned to you. Be certain your name, address, social security number, and telephone number are correct. If necessary, please supply a message number where you can be reached. Provide the name of the employer you are making a claim against, as well as their business name, address, and telephone number. Without this information, we cannot process your claim.

On lines 8 and 9, list the date hired, termination date, and the date of the next scheduled payday after the termination date.

On line 12, list your total unpaid gross wages (before deductions).

On line 13, list the period of time for which you are claiming wages due.

On line 14, include the pay rate, days worked per week, and average hours worked per day.

On line 17, explain how you arrived at the amount of gross wages shown on line 12.

4. Documentation to support your claim is essential. Include, with your completed Wage Claim Form, copies of any check stubs, time cards, employment contracts, correspondence, calendars, W-2s and any other employment records that help to prove your wage claim.
5. After you have completed your wage claim form, mail or fax to "DOL Wage and Hour" at the address nearest to you listed below. If you received assistance filling out the form, have that person sign, date and provide a contact phone number on the form.

BOISE

19 W Main Street
Boise, ID 83735-0030
(208) 332-357 ext 3192

BURLEY

127 W 5th Street N
Burley, ID 83318-0158
(208) 678-5518 ext 3128

CALDWELL

4514 Thomas Jefferson St
Caldwell, ID 83605
(208) 364-7783 ext 3195

KOOTENAI COUNTY

600 N. Thornton St.
Post Falls, ID 83854
(208) 457-8789 ext 3845

POCATELLO

430 N 5th Avenue
Pocatello, ID 83205-4087
(208) 236-6710 ext 3690

Department personnel cannot provide you with legal advice; however, they can explain Idaho labor laws and department procedures. For legal advice, please contact the Idaho State bar association at (208) 334-4500.

Need additional assistance or information? Call our toll free number: (800) 843-3193.

Wage and Hour Fax: (208) 639-3257

STATEMENT OF CLAIM

Idaho Department of Labor
Wage and Hour Section

BURLEY AREA OFFICE
127 W 5th Street North
Burley, ID 83318-3457

KOOTENAI COUNTY
600 N. Thornton Street
Post Falls, ID 83854-7495

CALDWELL AREA OFFICE
4514 Thomas Jefferson St
Caldwell, ID 83605-5100

BOISE AREA OFFICE
219 W Main Street
Boise, ID 83735-0030

POCATELLO AREA OFFICE
430 N 5th Avenue
Pocatello, ID 83205-4087

All questions on this form must be answered. **PLEASE PRINT.**

1. Employee: _____ SSN: _____
Address: _____ Telephone: _____
 Street or Route City State Zip Code
2. Employer's business name: _____ Telephone: _____
3. Employer's name: _____
List any Partners or Co-Owners: _____
Street Address: _____
 Street or Route City State Zip Code
Mailing Address: _____
 Street or Route City State Zip Code
4. Where work was performed: (City) _____ (State) _____
5. Occupation: _____
6. Name of person in charge: _____ Title: _____
7. Hired by: _____ Title: _____
8. Date hired: _____ Last day worked: _____ Date separated from employment: _____
9. Discharged/Quit Laid off Still employed Date of next scheduled payday after separation: _____
10. Date(s) wages were requested: _____ If not, why not? _____
11. What reason did your employer give for not paying you? _____

WAGES CLAIMED

12. GROSS WAGES DUE (total money due you): \$ _____
13. Date(s) claimed wages earned from _____
14. Pay rate: \$ _____ hourly salary other Average days worked per week: _____ Average hours worked per day: _____
15. Did you sign any authorization for money, other than taxes, to be deducted from your wages? Yes No
16. Wages were paid: weekly bi-weekly bi-monthly monthly other Normal paydays were: _____
17. Show how you arrived at gross wages due: _____
18. Additional information (attach additional sheets if necessary): _____
19. Were you referred to this employer through an Idaho Department of Labor Office? Yes No If yes, which one? _____
20. Have you done farm work or been a migrant food-processing worker during the last 12 months? Yes No

ANY PERSON MAKING A FALSE CLAIM FOR WAGES OR OTHER COMPENSATION IS GUILTY OF A MISDEMEANOR PUNISHABLE BY CONFINEMENT IN THE COUNTY JAIL FOR A PERIOD NOT TO EXCEED SIX MONTHS OR BY A FINE NOT TO EXCEED \$1,000, OR BOTH. (IDAHO CODE 45-612)

I, the undersigned, affirm that the information on this claim form is true and correct to the best of my knowledge.

Employee Signature (Parent or Guardian if under 18) _____ (Date)

Name of person assisting in completion of this form (if any) _____ (Date) _____ (Phone Number)