Utah Labor Commission
Wage Claim Unit
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Salt Lake City, UT 84114-6630

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Late Wage Payment Penalty Form

Wage Claim No: _____

Amount $_____
(For Office Use Only)
1-12

Utah Code § 34-28-9(2)(a) allows for the Labor Commission to assess a penalty against an employer who fails to pay an employee in accordance with the Utah Payment of Wages Act. That penalty is 5% of the unpaid wages per day until paid for up to 20 days. The Labor Commission has the discretion to decide whether or not to impose a penalty.

If you have been paid late, you may request that the Commission impose a late wage payment penalty against your employer by filling out this form. **The Division shall (i) retain 50% of the money received from the penalty payments for the costs of administering this chapter; and (ii) pay the 50% not retained under Subsection (2)(b)(i) to the employee**

PRINT CLEARLY ALL INFORMATION. YOU MUST COMPLETE BOTH SIDES OF THE FORM.

Have you been paid all of your wages? ☐ Yes ☐ No If you answered No, do not complete this form. Instead, use the Wage Claim Assignment Form.

Were you paid late? ☐ Yes ☐ No If Yes, please provide the additional information requested below.

Your Name:		Date of Birth:
Address: Apt #		Email Address:
City: State: Zip:	Telephone No.	Cell No.
Name, address & telephone number of nearest relative not living with you (as a way to locate you if the Division cannot contact you):		

Name of Your Employer's Business:	Telephone No.	Type of Business:
Address: Suite #		Website (If known):
City: State: Zip:		Owner's Name (If known):
Owner's Home Address (If known):		
Additional Information: (ex: corporate name, additional addresses, phone numbers, etc.)		

Your Job Title:	Type of Work Performed:
Who Hired You?	Their Position/Title:
Who Supervised You?	Their Position/Title:
Address Where Work Was Done?	Were you an Independent Contractor? ☐ No ☐ Yes
Start Date Of Employment? (mm/dd/yyyy)	Last Date Of Employment: (mm/dd/yyyy)
How Often Where You Paid: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Other (Explain):	
Did you quit? ☐ Yes ☐ No If yes, when?	
Were you fired? ☐ Yes ☐ No If yes, when?	

Please complete other side of the form.

Please complete the following chart. For amount, list the gross amount that was paid late. Do not deduct anything for taxes or social security. List each pay period separately. If you need additional space, you may attach another sheet.

Amount	Date Due	Date Paid

ASSIGNMENT

I HEREBY CERTIFY, that this is a true statement of wages due me to the best of my knowledge and belief. I understand that acceptance of this claim by the Wage Claim Unit of the Labor Commission does not guarantee collection. I hereby assign the said wages to the Labor Commission to collect in accordance with the Utah Labor Code.

I agree to appear at any hearing called by the Labor Commission to consider my claim. Failure to do so will be reason for dismissal of my claim. If the Labor Commission or its agents conclude that a compromise settlement is necessary to reach an equitable settlement, I authorize the Labor Commission to execute the same and my failure to accept may result in dismissal of my claim.

I authorize the Labor Commission or its agents to receive any U.S. currency, checks or money orders obtained as payment of this claim. If I do not call at this office for money paid on this claim, I authorize the mailing of same, at my own risk. I understand that neglect on my part to keep in touch with the Labor Commission may result in dismissal of my claim.

THIS IS A SWORN STATEMENT

I hereby swear that I am the Claimant in this action, or that I am the authorized agent of the Claimant in this action.

I further swear that the information contained in this form is true to the best of my knowledge.

_____ _____

Date Claimant's signature

Important: If an authorized agent (such as a parent if the claimant is under 18, or an attorney acting on behalf of the claimant, etc.) is filing this wage claim on behalf of the Claimant, the Claimant must also sign the following statement OR file a copy of the document establishing the agent's authority to act on behalf of the Claimant.

I have authorized _____ to act on my behalf in filing this wage claim.
(Name of Agent)

_____ _____

Date Claimant's signature