

Wage Claim Intake Questionnaire



UTAH
LABOR COMMISSION
Utah Antidiscrimination and Labor Division

**Utah Antidiscrimination
& Labor Division**
Wage Claim Unit
160 East 300 South, 3rd Floor
PO Box 146630 Salt Lake City, UT
84114-6630
Phone: 801-530-6801
Fax: 801-530-7609
Email: wcu@utah.gov

This form must be filled completely. Answer all questions, and attach additional pages, if needed, to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." Requested documentation must be attached, or an explanation for why it is not must be provided. Failure to do so will delay the processing of this Claim, and may result in rejecting the Claim. This form does not represent a Wage Claim.

Section I: Jurisdiction

Is your claim related to work performed in the state of Utah?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
<i>*The Division may not have jurisdiction to investigate your claim.</i>	
Have you taken legal action against the employer in this matter?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
<i>*If you have already pursued this wage complaint in court, or with the US Department of Labor, you may not subsequently use the Division's complaint process to address the same wage complaint previously pursued.</i>	
Is the amount of unpaid wages you are claiming more than \$10,000?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
<i>*The Division can only investigate wage claims between \$50 and \$10,000.</i>	
Are you an independent contractor?	<input type="checkbox"/> YES* <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW
<i>*The Division does not have jurisdiction over claims of unpaid wages involving independent contractors.</i>	

Section II: Claimant Information

JOB TITLE/POSITION		DESCRIBE THE WORK PERFORMED FOR THE EMPLOYER	
DATE STARTED WORK	PLEASE CHECK ONE: <input type="checkbox"/> STILL EMPLOYED WITH EMPLOYER <input type="checkbox"/> QUIT/RETIRED as of _____ <input type="checkbox"/> TERMINATED as of _____		
<input type="checkbox"/> MR. <input type="checkbox"/> MS.	FIRST NAME	LAST NAME	PRIMARY PHONE
MAILING ADDRESS			ALTERNATE PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS
YOU MUST PROVIDE THE DIVISION WITH YOUR EMAIL ADDRESS: The Division will send all written correspondence via e-mail unless you opt out. Email communication leads to a quicker resolution of your claim.			
<input type="checkbox"/> Check this box to opt out of e-mail communication and for all communication with the Division to be via U.S. mail.			

Section III: Secondary Contact (Person the Division may contact if unable to reach Claimant.)

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	FIRST NAME	LAST NAME	PRIMARY PHONE
MAILING ADDRESS			ALTERNATE PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS

Section IV: Employer Information

NAME OF COMPANY (cannot be a state, county, or political subdivision)	CONTACT NAME (if known)
COMPANY MAILING ADDRESS (often found on pay statements or paychecks)	CONTACT PHONE (if known)
CITY	COMPANY PHONE
ADDRESS WHERE YOU WORKED (if different from above)	EMAIL ADDRESS

CITY	STATE	ZIP CODE	TYPE OF COMPANY (e.g., construction, restaurant, janitorial, etc.)
Has the company filed for bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		Is the company still in business? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

Section V: Wage Complaint Information

RATE OF PAY \$ _____ per _____		<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Piece <input type="checkbox"/> Week <input type="checkbox"/> Other		How often were you paid? <input type="checkbox"/> Daily <input type="checkbox"/> Every other week* <input type="checkbox"/> Weekly <input type="checkbox"/> Twice monthly* <input type="checkbox"/> Monthly		DATE OF MOST RECENT PAYCHECK (Attach copy of pay stub, if available.) _____	
Other Rate of Pay (Explain):							
				*Every other week is 26 pay-periods per year. Twice a month is 24 per year.			
Do you owe money to the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$ _____ Explain: _____							
Do you have any of the employer's property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? _____							
Did the employer keep time cards? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Check all that apply and enter the corresponding gross amounts (before taxes)				Gross Amount Claimed For Wages			
<input type="checkbox"/> FINAL WAGES NOT PAID (Complete Worksheet A.*)				\$ _____			
<input type="checkbox"/> HOURS WORKED NOT PAID other than final wages (Complete Worksheet A.*)				\$ _____			
<input type="checkbox"/> MINIMUM WAGE NOT PAID (Complete Worksheet A.*)				\$ _____			
				Amount		Did you authorize any deduction in writing? (Attach, if available)	
<input type="checkbox"/> DEDUCTIONS FROM PAYCHECK not permitted by law				\$ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> BOUNCED PAYCHECK (Attach copy, if available.)				\$ _____			
The below wages are owed only where there is an agreement or policy to pay them. Attach any written agreement or policy for any such wages you are claiming. If there was no written policy or agreement, provide a description of what the verbal agreement or policy was in Section VI. With regards to "Vacation Pay" or "Other Paid Time Off," there must be an agreement or policy to pay accrued time off <i>at employment separation</i> . Failure to provide the requested information will result in the rejection of your claim.							
Check all that apply and enter the corresponding gross amounts (before taxes) in Column A				Gross Amount		Was there a written policy or agreement to pay these wages? (Attach, if available.)¹	
<input type="checkbox"/> SEVERANCE PAY If due under an agreement or policy				\$ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> COMMISSION OR BONUS NOT PAID If due under an agreement or policy (Complete Worksheet C attached.*)				\$ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> VACATION PAY UPON SEPARATION If due under an agreement or policy				\$ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> OTHER PAID TIME OFF UPON SEPARATION If due under an agreement or policy				\$ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> OVERTIME NOT PAID If due under an agreement or policy (Complete Worksheets A and B attached.*)				\$ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Please check if there are any other unpaid wages you are claiming				Gross Amount		Was there a written policy or agreement to pay these wages? (Attach, if available)	
<input type="checkbox"/> Other : _____				\$ _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL Amount of Claim				Total Amount of Claim		Column B: Explain why the amounts claimed above are not the same as the total amount:	
Do not claim the same amount twice. If the total is different than the amounts claimed above, please explain why in column B.				\$ _____			
* Worksheets are on Pages 4-5. You MUST fill out the corresponding worksheet if you are claiming these wages. Failure to do so may result in the rejection of your claim.							
¹ If you are unable to attach the written policy or agreement, please explain why below. Failure to do so may result in the rejection of your claim.							

Section VI: Additional Information (Required)

Explain in detail why you are filing this complaint and show how you calculated the specific amount(s) you are claiming. Attach additional sheets as necessary. Please also provide copies of any records you have that will help the Division understand your complaint (e.g., time records, company policies, pay stubs, etc.). If you ran out of space answering a question above, please provide the full answer here.

(continued)

Worksheet A - Wages Earned for Time Worked and Unpaid:

You must either complete this form or check the box below.
☐ I am not claiming unpaid wages for unpaid hours, overtime, minimum wage or meal periods not worked.

For Allegations of Unpaid Wages (Regular or Overtime), Please Complete the Table Below. If additional space is needed, please make copies as needed.

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Overtime Hours	Total Hours
Week 1	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									
Week 2	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									
Week 3	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									
Week 4	Date									
	Time In									
	Time Out									
	Length of Meal Period									
	Daily Hours									

Hourly Wage: _____ x Total Hours: _____ = Amount Earned At Regular Rate: _____
Overtime Wage: _____ x Overtime Hours: _____ = Amount Earned At Overtime Rate: _____
Earned: Amount Earned at Regular Rate: + Amount Earned at Overtime Rate: = Total _____
Total Earned: Claimed: _____ - Total Paid: _____ = Amount _____

Worksheet B – Overtime worked and unpaid: (You must also provide evidence of an agreement or policy to pay overtime.)
You must either complete this form or check the box below.
☐ I am not claiming unpaid overtime wages.

	Workweek Ending	Hourly Rate	Overtime Rate	Number of Overtime Hours	Amount Earned	Amount Paid	Amount Owed
1.		\$	\$		\$	\$	\$
2.		\$	\$		\$	\$	\$
3.		\$	\$		\$	\$	\$
4.		\$	\$		\$	\$	\$
5.		\$	\$		\$	\$	\$
6.		\$	\$		\$	\$	\$
7.		\$	\$		\$	\$	\$

Employer’s Workweek (for example, Sunday through Saturday, Monday through Sunday, etc.): _____
Total Overtime Hours _____ x Overtime Rate _____ = Amount Claimed: _____

Worksheet C – Commission or Bonus:

You must either complete this form or check the box below. Provide a copy of the agreement if available. If additional space is needed, please make copies as needed.

☐ I am not claiming unpaid wages for commissions or bonuses that were earned and unpaid.

1. When are commission/bonuses earned? (i.e., date of sale, date of delivery, or date of payment, etc.)	2. Were commissions/bonuses subject to return, cancellations, or charge backs? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:
3. Did the agreement call for a draw against commission/ bonuses? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:	4. Did you sign a separation agreement? If yes, provide a copy. <input type="checkbox"/> YES <input type="checkbox"/> NO
	5. Was there a written commissions or bonus policy? If yes, provide a copy. <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMISSIONS EARNED

Date of Sale	Name of Customer or Invoice/ Reference #	Amount of Sale	Rate of Commission	Amount of Commission Due	Date Commission Payable	Date and Amount Paid (if any)	Balance Due

Total Amount Owed:	\$
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BONUSES EARNED

Description of Bonus, Including When It Was Earned	Date the Bonus Was Earned	Gross Amount Owed

Total Amount Owed:	\$
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Before submitting this Intake Questionnaire:

By signing this Intake Questionnaire you are agreeing to the following:

- ☐ I have been notified and understand that any person providing false information to the Division in order to obtain and/or retain anything of value may be subject to criminal prosecution under the laws of the State of Utah with possible penalties of imprisonment, fines, or both.
- ☐ I hereby certify that this is a true statement of monies owed, and authorize the Division to investigate this matter.
- ☐ I understand that any information supplied to the Division will be provided to the employer, the agents of the employer involved in the dispute, and other agencies or individuals as the Division deems appropriate.
- ☐ I understand that the Division cannot legally order the payment of wages in excess of \$10,000.
- ☐ I declare under penalty of perjury that the information provided is true and correct.
- ☐ I agree to appear at any hearing called by the Division to consider my claim. Failure to do so will be reason for dismissal of my claim. If the Division or its agents conclude that a compromise settlement is necessary to reach an equitable settlement, I authorize the Division to execute the same and my failure to accept may result in dismissal of my claim.
- ☐ I authorize the Division 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 Division may result in dismissal of my claim.

Claimant's Name

Signature

Date

- ☐ I authorize the following individual to act on my behalf in filing this wage claim: (If a legal guardian or attorney is acting on behalf of the Claimant, the Claimant must check this box.)

Name

Agent's Signature

Date