

WAGE CLAIM INSTRUCTIONS

PLEASE READ BEFORE COMPLETING FORM

Please Note: There are certain circumstances which may prevent the Arkansas Department of Labor from pursuing your wage claim. This does not mean your claim is invalid. If your claim should fall into one of the categories that prevent the Arkansas Department of Labor from working your claim, you may wish to file with small claims court, or seek the counsel of a private attorney. **Remember, Wage Claims are conducted in an open process and the employer will be allowed to view and respond to your claim specifically.**

1. You may file a claim within three years from the date of the occurrence.
2. This form must be completed in its entirety. Incomplete forms can result in the returning of the form to you to provide missing information which may result in the delay or possible closing of your claim. Write N/A for questions that do not apply.
3. Make sure that all address and contact information for the employer is correct. The Department may not be able to process your claim without the correct mailing and contact information.
4. If you make more than \$50,000.00 per year or your claim is more than \$2000.00, you are not eligible to file a wage claim with the Arkansas Department of Labor. If during the investigation it is discovered that the above amounts are exceeded then your claim will be closed.
5. You may not pursue both a civil action and a wage claim for the wages. You cannot split the amount owed through our Department and the courts.
6. Claims for vacation, bonuses, sick leave, severance, holiday or shift differential pay, please enclose any copies of the employer's handbook or written policies that states how these benefits are to be paid upon termination or discharge. If your agreement was verbal regarding payment of these benefits, please provide the names of any witnesses or employees who have similar verbal agreements to support your claim. Without this type of documentation this type of claim is very difficult to prove and the Department may not be able to assist you.
7. Please attach any documentation that you think is relevant to your case.
8. Please print **clearly and legibly.** Forms that cannot be read will be returned resulting in additional delays in processing your claim.
9. It is important that you notify the Department immediately of any changes to your address or phone number throughout the Wage Claim process. If we cannot contact you during the process your claim could be closed.
10. If you are filing a claim based on a wage payment in which you received an insufficient check, attach original check or attach copy of the bank statement indicating the insufficient check.



**Arkansas Department of Labor
WAGE CLAIM FORM
READ ALL INSTRUCTIONS PRIOR
TO COMPLETING**

Mail To:
Arkansas Dept of Labor
Labor Standards Section
10421 West Markham
Little Rock, Arkansas 72205-2190
Ph 501-682-4500 fax 501-682-4506
Claim # _____

CLAIMANT INFORMATION (Please Print Clearly)

Your Name:	Amount of Claim: \$	Max \$2000.00
Mailing Address: Street, City, State	Phone: () _____ - _____	Social Security#: _____ - _____ - _____
Email Address:	Gross Earnings From All Sources Last 12 Months: \$	
Name Of Nearest Relative:	Phone:	

EMPLOYER WHO OWES WAGES

Business Name:	Phone:	Fax:
Mailing Address:	Physical Address:	
Dates of employment: _____ XXXXXX/XXXX	Dates wages were earned but not paid: _____ XXXX/XXXX	
Who hired you?	Direct supervisor name:	
Is business still open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is business a corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Were you an independent or sub contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy of contract if available	Is business in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you paid by the: <input type="checkbox"/> Hour <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Salary <input type="checkbox"/> Piece Work <input type="checkbox"/> Commission <input type="checkbox"/> Other		
Pay Rate:	Did the employer keep records of your time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you authorize deductions other than payroll taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:	Did you keep records of your time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes attach copy	
Was this work performed in Arkansas for an Arkansas company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of work performed:	
Are you related to the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship:	How were you paid? <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other (explain)	
Do you have any of the employer's property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes list:		
Was your work agreement <input type="checkbox"/> Oral <input type="checkbox"/> Written If written attach copy of contract		
Are you still working for the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you owe money to the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes amount: _____	
Has the employer named you in a police investigation involving the business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your claim for vacation pay, bonus, sick, severance, shift differential or holiday Pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach policy		

Did you ask for your wages? Yes No

If yes, employers response:

List names, addresses, and phone numbers of any witnesses who can support your claim:

Please state your understanding of your work and pay agreement, how you calculated back wages, and why you are due these wages. Attach copies of any documents you have which will help you prove your claim.

I certify that the above foregoing facts and circumstances are true and correct to the best of my knowledge. I agree to not contact my employer or former employer about this claim directly and to refer any inquiries to the Arkansas Department of Labor/Labor Standards Section.

Claimant Signature:

Date: