BUREAU OF LABOR AND INDUSTRIES



Brad Avakian, Commissioner

HOW TO FILE A WAGE CLAIM

READ THIS PAGE BEFORE YOU FILL OUT THE WAGE CLAIM FORM

If you have a wage and hour-related complaint regarding an employer (such as failure to provide rest breaks or meal periods, irregular paydays, failure to provide itemized pay statements, failure to provide timely paychecks upon termination, etc.), and are <u>not</u> claiming unpaid wages, obtain a Complaint Form from any BOLI office or the bureau's website at <a href="http://www.oregon.gov/boli/WHD/pages/www.oregon.gov/boli/WH

1. THE BUREAU WILL ACCEPT YOUR WAGE CLAIM UNLESS:

- More than 6 months have passed since your date of termination and your claim does not involve minimum wage or overtime*;
- More than 1 year has passed since the date the violation first occurred and your claim does not involve minimum wage or overtime*;
- Your claim is for *penalty* wages or expenses only;
- Your claim is over \$10,000 and does not involve minimum wage, overtime, or prevailing wage rate;
- You were self-employed;
- You were paid on a commission basis and received at least minimum wage for all hours worked;
- You were a member of a union or collective bargaining unit. (If you were a union member, talk with a Bureau representative before filing a claim);
- You have already begun private legal action to recover the wages claimed;
- You have not yet asked your employer for your wages;
- None of your work was performed in Oregon;
- The claim is against a business in which you were a partner, an owner or had a direct financial interest;
- The claim is against a close relative;
- The claim is against a person you are unwilling to take to court.
- *Exceptions may apply if you were an active military servicemember during this time.

2. IF YOU FILE A WAGE CLAIM:

- Attach to the wage claim form any evidence, documents or witness statements which support your claim (see reverse side for examples);
- Complete the attached calendar. YOUR CLAIM WILL BE ACCEPTED ONLY IF YOU COMPLETE THE ATTACHED CALENDAR WITH THE HOURS YOU WORKED AND PROVIDE DOCUMENTS OR WITNESS STATEMENTS SUPPORTING YOUR CLAIM. If you kept personal records or a calendar of your hours worked, please submit a copy of the records or calendar;
- Report any change of address or phone number to the Bureau (We must be able to contact you to keep your claim open).
- Report any payments received after filing your claim to any office of the Bureau. (See BOLI website at http://www.oregon.gov/boli/Pages/contact_us.aspx for office contact information or call (971) 673-0761.)

If you have not been paid all wages owed to you upon termination, you may be entitled by law to penalty wages of up to 30 days additional wages. If the Bureau is able to collect the amount of unpaid wages owed, however, the Bureau will not pursue these additional penalty wages. If you are interested in pursuing penalty wages in addition to unpaid wages owed, do not file a wage claim with the Bureau. You **must** take private action through an attorney or Small Claims Court.

If you have a valid claim, we will attempt to recover all wages owed, but collection depends upon your employer's financial ability to pay, business closure, bankruptcy filing or location of money and assets. Once a wage claim is assigned to the Bureau, the Bureau may compromise or adjust any and all wage claim amounts or penalties. For claims under \$50 or involving benefits, the Bureau will pursue collection by sending a letter to the employer. If we are unable to collect with this letter, we will take no further action.

The information in this claim may be released to people who request it as required by the public disclosure law.

The Bureau must be objective when investigating wage claims or complaints. You must provide evidence (records, documents, witness statements) which supports your claim (see reverse side for examples). If your claim is accepted, your employer will also be required to submit evidence. The Bureau will evaluate the evidence submitted. Based upon the evidence submitted, the Bureau will decide whether or not a violation of the Wage and Hour laws has occurred. We will proceed with your claim only if the majority of the evidence supports your claim. You will be notified if a conference, hearing, or trial is scheduled. YOUR ATTENDANCE WILL BE REQUIRED.



BUREAU OF LABOR AND INDUSTRIES Brad Avakian, Commissioner WAGE AND HOUR DIVISION

EXAMPLES OF EVIDENCE

Evidence in the form of documents or statements must be included with your wage claim. Indicate below which documents you are submitting to support your claim. Return this form with your evidence. The evidence you submit with your wage claim will not be returned to you. Please make copies for your records.

1	. Time Cards
2	. Shift Schedules
3	. Attendance Rosters
4	. Log Books
5	. Personal Time Records*
6	. Payroll Check Stub
7	. Copies of Bad Checks
8	. Other Evidence of Payment of Wages
9	. W-2 Statements or Other Tax Forms
10). Employee Handbook
11	. Written Wage Agreements
12	2. Statements from witnesses, other than a relative, who have direct knowledge regarding the hours worked and the wage agreement (including a daytime telephone number).
13	3. Employment Division Job Order
14	. Newspaper Job Advertisement
15	6. Any other documents which substantiate your employment

^{*}If you kept personal records or a calendar of your hours worked, please submit a copy of the records or calendar.



BUREAU OF LABOR AND INDUSTRIES

Wage and Hour Division 800 NE Oregon St., Suite 1045 Portland, OR 97232

OFFICE USE ONLY
File #
Main File #

WAGE CLAIM FORM

Make sure your responses are	complete and accurate.	If needed, use additional	sheets of paper to
provide details of your answers.	PLEASE PRINT.		

1.						/ /
1.	EMPLOYEE NAME (Last, First, Middle)		E-MAIL ADDR	ESS		DATE OF BIRTH
2.	ADDRESS: Number and Street	City		State		Zip
3.	DRIVER'S LICENSE # HOME PHONE #	 	() PERMANEN	T MESSAGE #	() CELL P	HONE #
4.	NAME OF EMPLOYER'S BUSINESS					
5.	NAME OF EMPLOYER'S BUSINESS					
<i>J</i> .	EMPLOYER'S BUSINESS ADDRESS: Nu				ty	Zip
6.	BUSINESS PHONE NUMBER TYPE	OF BUSI	NESS		NUMBI	ER OF EMPLOYEES
7.	STATUS OF EMPLOYER: Bankruj	pt	Business sold	Other		
8.	STATUS OF BUSINESS: Still Open	n	Closed on (Date) _	//		
	YOUR FIRST WORKDAY://_					
10.	DATES FOR WHICH YOU HAVE NOT B. Make sure these dates match those on the cal			//TO	//	<u>'</u>
11.	WAS YOUR EMPLOYMENT COVERED	BY A UN	ION CONTRACT	??Yes _	No	
12.	HAVE YOU TAKEN ACTION ON THIS CNo	CLAIM W	ITH AN ATTORN	NEY, UNION OR	SMALL	CLAIMS COURT?
13.	EXPLAIN					
14.		wages for		on a public works	project (I	f so, please also
15.	DID EMPLOYER AGREE TO PAY OVER	TIME: _	Yes N	o What was the	overtime	agreement?
16.	WHAT WAS YOUR RATE OF PAY DURI (Check one)] per week	per month		per piece	
17.	HOW MANY HOURS A WEEK WAS IT A	GREED	YOUR SALARY	COVERED?		_
	(Please	e complete	e back of this form	ı.)		

Re	eturn completed wage claim to:	Wage and Hour Division Bureau of Labor and Industries 800 NE Oregon St., Suite 1045 Portland, OR 97232	WH-10 (Rev. 1/17)
28.	SIGNATURE:	DATE:	
	EXPLAIN HOW THIS AMOUNT IS C	ALCULATED:	
	AMOUNT OF BENEFIT CLAIMED: S	\$	
27.	THE TIME PERIOD YOU EARNED T	THE BENEFITS WAS FROM:/TO	/
<u>V</u>	ACATION AND OTHER BENEFITS:	THESE CLAIMS WILL BE PROCESSED WITH	I ONLY A LETTER.
PROV		ED ONLY IF YOU COMPLETE YOURS STATEMENTS SUPPORTING YOUR C	
20.		commercial buildings. If the construction work invo	
26	CIVE VOLID FOR TITLE AND DESC	RIBE YOUR DUTIES DURING THE TIME CLAIN	MED: (If construction work
25.	EXPLAIN WHY YOUR EMPLOYER I	HAS FAILED OR REFUSED TO PAY YOUR WAG	SES:
24.	HAVE YOU ASKED YOUR EMPLOY	ER FOR YOUR WAGES? Yes No	
23.	EXPLAIN WHY YOU BELIEVE YOU	ARE STILL OWED WAGES:	
22.	•	RMED IN OREGON? Yes No	
21.	DOLLAR VALUE of non-wage goods, employer: (rent, tools, meals, etc.)	property or services you received from	\$
20.		UR EMPLOYER STILL OWES YOU (#18-#19=#20))? \$
19.	HOW MUCH WERE YOU PAID (BEFIN LINE 10?	FORE TAXES) FOR THE PERIOD IDENTIFIED	\$
18.	HOW MUCH IN WAGES SHOULD Y THE PERIOD IDENTIFIED IN LINE 1	OU HAVE BEEN PAID (BEFORE TAXES) DURIN 0?	IG \$
YOUR	METHOD OF CALCULATION	on to wages, EXPLAIN WHAT YOU ARE ON A SEPARATE PIECE OF PAPER. For ge; Bonus: \$100 for each car sold, 4 cars sold	example: Mileage:



BUREAU OF LABOR AND INDUSTRIES BRAD AVAKIAN, COMMISSIONER

ASSIGNMENT OF WAGES

I hereby assign in trust to the Labor Commissioner of the State of Oregon all wages, whether penalty or otherwise, due me from my previous employer, or any other persons legally responsible for the payment of my wages.

By this statement, I authorize the Labor Commissioner to equitably adjust and compromise the amount of wages, whether penalty or otherwise, due me from my previous employer or other persons legally responsible for the payment of my wages.

If the Bureau settles my claim and I receive the amount settled upon, I agree to give up any right I may have to bring suit for additional wages or penalties.

I state that the information submitted with this form is true and accurate to the best of my knowledge. I agree to immediately inform the Bureau if I obtain any payment for the wages claimed herein from the employer or any third party.

(The Bureau can not process your wage claim unless this assignment is signed. Do not sign this document unless you understand the terms of the assignment. For more information, call 971-673-0761.)

Signatu	re of Claimant	
Printed	Name of Claimant	
Date		



BUREAU OF LABOR AND INDUSTRIES

INSTRUCTIONS FOR COMPLETING CALENDAR

YOUR CLAIM WILL NOT BE ACCEPTED UNLESS YOU COMPLETE THE CALENDAR.

- Even if you are not paid on an hourly basis, YOU MUST SHOW THE HOURS WORKED.
- The entire period you are claiming MUST be on the calendar forms. If you do not have enough forms, make extra copies BEFORE completing the calendar.
- Include only HOURS ACTUALLY WORKED. If you do not know the hours you actually worked, estimate to the best of your ability. Indicate on the calendar form that your hours are estimates.
- Put the DATES of the month in the SMALL BOXES. (Make sure the dates fall on the same days as shown on the calendar on the back of this form for the periods you are claiming.)
- Put the actual total number of HOURS WORKED, EXCLUDING MEALS, in the LARGE boxes. For example, if you worked 7:00 AM to 4:00 PM with 1 hour off for lunch, you actually worked 8 hours and you would put an "8" in the large box.
- If you are paid on a **PIECE RATE** basis (i.e. by the piece, by the mile, the foot, etc.), include both the number of hours worked AND the number of pieces completed on a daily basis in the large box. (If paid differing rates, include the rates of pay.) **EXAMPLE:**

•	If you are paid at DIFFERENT
	RATES OF PAY, include both the
	number of hours worked and the rate
	of pay for each rate. EXAMPLE :

MONDAY		TUESDAY	7	WEDNESDA	λY
	3		4		5
9 hours 313 miles		8 hours 40 pieces		8 hours 4 pcs @ \$10 7 pcs @ \$1) 1

MONDAY 3		TUESDAY	7	WEDNESDA	ΑY
	3		4		5
8 hours @ \$10	0.00	8 hours @ \$10	0.00	4 hours @ \$10 4 hours @ \$10	

• After you have completed the calendar forms, total the number of hours worked. Multiply those hours by your rate of pay. You will then have the amount you earned for the period you are claiming. Enter that amount on Line 18 on the back of the wage claim form. On Line 19, enter the gross wages (before deductions for taxes, social security, etc.) that you actually received. Subtract the amount on Line 19 from the amount on Line 18 and enter the result on Line 20. Line 20 is the amount of wages you are claiming.

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2 9 16 23 30 Su 1 8	3 10 17 24 31 C M 2 9	4 11 18 25 Octo Tu 3 10	5 12 19 26 W 4 11	6 13 20 27 Th 5 12	7 14 21 28 7 F 6 13	1 8 15 22 29 Sa 7 14	6 13 20 27 Su	7 14 21 28 No M	Tu 1 8 15 22 29 Dve Tu 7	W 2 9 16 23 30 mb W 1 8	Th 3 10 17 24 31 Per ' Th 2 9	F 4 11 18 25 17 F 3 10	5 12 19 26 Sa 4 11	3 10 17 24 Su	4 11 18 25 De M	5 12 19 26 Tu	6 13 20 27 mb W	7 14 21 28 er' Th	F 1 8 15 22 29 17 F 1 8	2 9 16 23 30 Sa 2 9
2 9 16 23 30 Su 1 8 15	3 10 17 24 31 C M 2 9 16	4 11 18 25 Octo Tu 3 10 17	5 12 19 26 be W 4 11 18	6 13 20 27 Th Th 5 12 19	7 14 21 28 7 F 6 13 20	1 8 15 22 29 Sa 7 14 21	6 13 20 27 Su 5 12	7 14 21 28 No M	Tu 1 8 15 22 29 Tu 7 14	W 2 9 16 23 30 mb W 1 8 15	Th 3 10 17 24 31 Th 2 9 16	F 4 11 18 25 17 F 3 10 17	Sa 5 12 19 26 Sa 4 11 18	3 10 17 24 Su 3 10	4 11 18 25 De M	5 12 19 26 Tu 5 12 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	6 13 20 27 mb W	7 14 21 28 er' Th	1 8 15 22 29 17 F 1 8 15	2 9 16 23 30 Sa 2 9 16
2 9 16 23 30 Su 1 8 15 22	3 10 17 24 31 C M 2 9 16 23	Tu 4 11 18 25 Cto Tu 3 10 17 24	5 12 19 26 be W 4 11 18	6 13 20 27 Th 5 12	7 14 21 28 7 F 6 13 20	1 8 15 22 29 Sa 7 14 21	6 13 20 27 Su 5 12	7 14 21 28 No M	Tu 1 8 15 22 29 Tu 7 14 21	W 2 9 16 23 30 mb W 1 8 15 22	Th 3 10 17 24 31 Per' Th 2 9 16 23	F 4 11 18 25 17 F 3 10	Sa 5 12 19 26 Sa 4 11 18	3 10 17 24 Su 3 10 17	M 4 11 18 25 De M 4 11 18	5 12 19 26 Tu 5 12 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	6 13 20 27 mb W 6 13 20	7 14 21 28 eer' Th 7 14 21	1 8 15 22 29 17 F 1 8 15 22	2 9 16 23 30 Sa 2 9 16 23
2 9 16 23 30 Su 1 8 15	3 10 17 24 31 C M 2 9 16 23	Tu 4 11 18 25 Cto Tu 3 10 17 24	5 12 19 26 be W 4 11 18	6 13 20 27 Th Th 5 12 19	7 14 21 28 7 F 6 13 20	1 8 15 22 29 Sa 7 14 21	6 13 20 27 Su 5 12	7 14 21 28 No M	Tu 1 8 15 22 29 Tu 7 14 21	W 2 9 16 23 30 mb W 1 8 15	Th 3 10 17 24 31 Per' Th 2 9 16 23	F 4 11 18 25 17 F 3 10 17	Sa 5 12 19 26 Sa 4 11 18	3 10 17 24 Su 3 10	M 4 11 18 25 De M 4 11 18	5 12 19 26 Tu 5 12 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	6 13 20 27 mb W 6 13 20	7 14 21 28 er' Th	1 8 15 22 29 17 F 1 8 15 22	2 9 16 23 30 Sa 2 9 16

Month: _					Year:					
SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use	

- Put the DATES of the month in the SMALL boxes. Make sure the dates fall on the same days of the week as shown on the calendar on the back of the Calendar Instructions.
- Put the actual total number of HOURS WORKED, EXCLUDING MEALS, in the LARGE boxes. For example, if you worked 7:00 AM to 4:00 PM with 1 hour off for lunch, you actually worked 8 hours and you would put an "8" in the large box.

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