

# PLEASE READ THESE IMPORTANT INSTRUCTIONS

**The following information is required to process this Wage Claim:**

- Employee and Employer name, mailing address and telephone.
- The gross amount of claim.
- Length of employment – include dates.
- Type of claim (e.g. non-payment, overtime, deduction, etc.)
- Dates and hours worked if claiming non-payment of wages (see examples below).
- Signature and date.

**This claim will not be processed if:**

- The amount claimed represents payment for time not actually worked (examples: holiday pay, sick pay, reimbursements, severance pay, overdraft fees or bonus pay).
- Your former employer has filed for bankruptcy protection. You should contact the bankruptcy court.
- The employer does not have a location in Indiana.
- You worked as an independent contractor. You should consult an attorney.
- You initiated private legal action to recover the wages claimed.
- You were employed by the State of Indiana (Please contact the Indiana State Personnel Department).
- The claim is against a business in which you were an owner or partner.

**The Wage Claim Process (Please be patient, it can take as long as 90 days to resolve some wage disputes).**

If your wage claim is accepted, correspondence will be sent directly to the employer. The employer will have two (2) weeks to either mail a check directly to you or dispute the amount claimed. If no response is received, a final notice will be sent to the employer allowing one (1) additional week for response. If no response is received after the final notice, a copy of the Wage Claim file will be sent to you along with a letter recommending that you consult an attorney or pursue your claim in the appropriate court. If the employer disputes the amount claimed, the Indiana Department of Labor will make a determination based upon Indiana law and all evidence presented. If a determination cannot be made, you will receive notice along with a letter recommending you consult an attorney or pursue your claim in the appropriate court.

**The Indiana Department of Labor accepts Wage Claims as a service to resolve wage disputes. We cannot guarantee compensation. In addition, Indiana law provides no job protection if you are terminated as a result of filing a wage claim against your current employer.**

**EXAMPLES of Mathematical Calculations of the Amount of Claim (Your calculations must match the amount of claim):**

**NON-PAYMENT OF PAYCHECK**

<u>Date</u>	<u>Hours Worked</u>		<u>Wage Rate</u>	<u>Amount Owed</u>		<b>AMOUNT OF CLAIM: \$222.00</b>
8/5/09	8.0 hours	X	\$12.00	= \$96.00	(\$96.00 + \$126.00)	
8/6/09	10.50 hrs	X	\$12.00	= \$126.00		

**NON-PAYMENT OF VACATION**

<u># Hours accrued</u>		<u>Wage Rate</u>		<u>Amount Accrued</u>	<b>AMOUNT OF CLAIM: \$450.00</b>
<u>Vacation Time</u>					
40.0 hrs	x	\$11.25	=	\$450.00	

**PAYROLL DEDUCTION**

<u>Pay Date</u>	<u>Amount Deducted</u>		<b>AMOUNT OF CLAIM: \$185.65</b>
1/8/10	\$53.13	(\$53.13 + \$132.52)	
1/22/10	\$132.52		



# APPLICATION FOR WAGE CLAIM

State Form 2069 (R5 / 12-09)  
INDIANA DEPARTMENT OF LABOR

Wage Claim # \_\_\_\_\_

**INDIANA DEPARTMENT OF LABOR**  
**WAGE AND HOUR DIVISION**  
402 West Washington Street, W195  
Indianapolis, IN 46204

*(Please type or print your response and be sure to answer all questions)*

Employee	Employer
Name	Name
Address	Address
City	City
State, and Zip Code	State, and Zip Code
Telephone number	Telephone number

Amount of Claim: \_\_\_\_\_ Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address Where Work Was Performed:

Reason for Leaving Employment:

Reason Given for Non-Payment:

Wage Agreement:	Hourly	_____	Salary	_____	Commission	_____	Piece Rate	_____
Type of Claim: Check Box(es)	Minimum Wage Complaint		Non-Payment of Overtime		Non-Payment of Vacation		Payroll Deduction	Non-Payment of Paychecks

- INSTRUCTIONS:
- (1) Show, mathematically, how you calculated the amount of your claim
  - (2) Be sure to list the dates of non-payment, including hours worked each day with beginning and ending times
  - (3) Submit supporting documentation

**Incomplete Forms:**  
Any incomplete Application for Wage Claim will be returned to its sender in its entirety without action taken from our Department.

**Disclaimer**  
The Department of Labor has the right to reject this claim at any time if, in the judgement of the Commissioner of Labor, said claim is not valid and enforceable in the courts.

Date Received (Office Use Only)

Signed	_____	Dated	_____
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