

**Utah Labor Commission**  
**Wage Claim Unit**  
 160 East 300 South, 3<sup>rd</sup> Floor  
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 Salt Lake City, UT 84114-6630  
 Phone: 801-530-6801  
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Wage Claim No:

\_\_\_\_\_

Amount \$ \_\_\_\_\_  
 (For Office Use Only)  
 07-14

**Wage Claim Assignment Form**

(Do Not Mark in this Space)

**Jurisdiction:**

The Wage Claim Unit can only accept claims for wages earned within the last year from the date the wage claim is filed. Claims must also be for at least \$50 but no more than \$10,000. Also, we do not have jurisdiction over public employees.

**PRINT CLEARLY ALL INFORMATION. YOU MUST COMPLETE ALL 4 PAGES.**

Your Name:			Date of Birth:	
Mailing Address:			Email Address:	
Apt #				
City:	State:	Zip:	Telephone #	Cell #
Name, address & telephone number of nearest relative or contact person not living with you (as a way to locate you if the Division cannot contact you):				

Name of Your Employer's Business:	Telephone #	Type of Business:
Address:	Website (If known):	
Suite #	Owner's Name (If known):	
City:	State:	Zip:
Owner's Home Address (If known):		
Additional Information: (ex: corporate name, additional addresses, phone numbers, etc.)		

Your Job Title							
Type of Work Performed:	Construction	Retail	Call Center	Restaurant/Hotel	Janitorial	Trucking	Other
Who Hired You?				Their Position/Title:			
Who Supervised You?				Their Position/Title:			
Address Where Work Was Done?							
Start Date Of Employment? (mm/dd/yyyy)				Last Date Of Employment: (mm/dd/yyyy)			
Your Rate of Pay:							
\$	<input type="checkbox"/> Hour	<input type="checkbox"/> Day	<input type="checkbox"/> Week	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other (Explain):		

How Often Where You Paid:

Weekly  Bi-Weekly  Semi-Monthly  Other (Explain):

How Were You Paid?  Check  Cash  Other (Explain):

Did you receive pay statements? Yes No

**Total Amount of Claim (Do Not Deduct Taxes or Social Security): \$**

**Are you claiming unpaid wages for:**

- Unpaid Wages  Severance (attach policy, if available)
- Unauthorized Deduction  Vacation (attach policy, if available)
- Commissions (attach policy, if available)  Bounced Check (must attach copy)
- Sick Leave (attach policy, if available)  Bonus (attach policy, if available)
- Other (Explain):

Were the unpaid wages earned within the last 12 months?  Yes  No Dates when they were earned?

Did you quit?  Yes  No If yes, when?

Were you fired?  Yes  No If yes, when?

Do you owe money to the employer?  Yes  No If yes, how much? \$ Explain:

Do you have any of the employer's property?  Yes  No If yes, what?

Is the employer still in business?  Yes  No Did the employer file bankruptcy?  Yes  No

Did your employer tell you, or do you believe, that you are an independent contractor?  Yes  No

Did the employer keep time cards?  Yes  No

**Please complete only the sections that apply to your claim:**

You may attach additional pages, if needed, but please keep your statement as brief as possible.

**For Unpaid Wages**

List the specific dates for which wages were unpaid: (mm/dd/yyyy) \_\_\_\_\_

What was your typical work schedule? (8 to 5, 5 days/week etc.) \_\_\_\_\_

Number of hours worked and not paid:

\_\_\_\_\_ hours at \$ \_\_\_\_\_/hour = \$ \_\_\_\_\_ (total)

If salaried, rather than hourly:

\_\_\_\_\_ days/weeks/months (circle one) at \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (total)

\*Please attach copies of any paystubs, cancelled paychecks, and payroll records that you have.

**For Unpaid Vacation:**

Did the employer have a policy for vacation?  Yes  No Amount Claimed: \$ \_\_\_\_\_

\*If yes, please attach. If you do not have a copy, please explain the policy:

**For Unpaid Sick Leave:**

Did the employer have a policy for sick leave?  Yes  No Amount Claimed: \$ \_\_\_\_\_

\* If yes, please attach. If you do not have a copy, please explain the policy:

**For Unpaid Severance:**

Did the employer have a policy for severance?  Yes  No Amount Claimed: \$ \_\_\_\_\_

\*If yes, please attach. If you do not have a copy, please explain the policy:

**For Unpaid Commissions:** Amount Claimed: \$ \_\_\_\_\_

What was the commission formula? \*Attach a copy of the commission report, and commission policy or agreement, if available.

**For Unpaid Bonus:** Amount Claimed: \$ \_\_\_\_\_

What was the bonus formula?

Did the employer have a policy for bonuses?  Yes  No

\*If yes, attach a copy of the bonus policy or agreement, if available.

**For Unauthorized Deductions:** Amount Claimed: \$ \_\_\_\_\_

Did you authorize the deductions in writing?  Yes  No

\*If yes, attach a copy of your agreement, if available. Also attach any paystubs, cancelled paychecks, and payroll records that you have. Explain why the deductions were made:

**For Other Unpaid Wages:** Amount Claimed: \$ \_\_\_\_\_

Explain how you arrive at the amount of your claim. Attach whatever documents you have that support your claim.

**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/Agent'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