

Chester J. Culver, Governor

Patty Judge, Lt. Governor

David Neil, Labor Commissioner

IOWA  
**WORKFORCE**  
DEVELOPMENT

Smart. Results.

**Division of Labor Services**

**IMPORTANT - READ CAREFULLY**

**The Division of Labor Services enforces the Iowa Wage Payment Collection and the Iowa Minimum Wage Laws.**

**Enclosed is a Claim for Wages Form you should fill out completely. Be sure to include the amount of the claim, sign, date and return the form to this office.**

**Our Address Is:            Division of Labor Services  
   1000 East Grand Avenue  
   Des Moines, Iowa 50319-0209**

Your claim will not be accepted if either of the two following items applies to your situation:

- ***The amount of your claim exceeds \$5,000.00.***
- ***The work for which you are seeking payment was not done in Iowa.***

Under the law, our office may not accept a complaint for unpaid wages after one year from the date the wages became due and payable. Therefore, do not include in your claim any amount that became due and payable prior to one year from the date that you return the enclosed complaint form to our office.

In order for our office to effectively and efficiently investigate your claim, the form must be completed in full and in detail. ***Also, if you are paid any or all of your wages from your employer after you have returned your CLAIM FOR WAGES FORM, you are required to notify this office within three days of receipt of the payment.***

Also, you should be aware, once this office receives and accepts your **CLAIM FOR WAGES FORM**, a letter will be sent to your employer. In that letter, the employer is given fourteen days to respond with information and documentation. If the employer supplies us with a written response, we will contact you. If the employer fails to respond, we will wait the full fourteen day period before proceeding further or before contacting you.

**VACATION:** If your claim is for vacation pay, be advised that under the Iowa Wage Payment Collection Law, you are entitled only to the vacation pay which is due under the company policy or the agreement with the employer.

**SEVERANCE PAY, PROFIT SHARING OR PENSION PLANS:** If your claim is for severance pay, profit sharing payments or pension plan payments, this office cannot take action on your behalf. Under a decision of the United States Supreme Court, the state law has been preempted. For information on a claim for severance pay, profit sharing payments or pension plan payments due under a company policy or agreement, you should contact the U.S. Department of Labor Pension & Welfare Benefits Administration, 2300 Main St., Suite 1100, Kansas City, MO 64108. The telephone number is (816) 285-1800.

**OVERTIME:** If your claim is for failure to pay overtime under a policy or agreement with the employer, you can include it on the CLAIM FOR WAGES FORM. However, if your claim is for failure to pay overtime you believe may be due to you under federal law, you should contact the U.S. Department of Labor, 210 Walnut, Des Moines, IA 50309. The telephone number is (515) 284-4625.



IOWA WORKFORCE DEVELOPMENT  
 DIVISION OF LABOR  
 1000 EAST GRAND AVENUE  
 DES MOINES, IOWA 50319-0209  
 515-281-5337  
 1-800-562-4692  
 309-6058  
 (07-08)

<b>FOR OFFICE USE ONLY</b>	
WAGE CLAIM NO.	_____
ASSIGNMENT	_____

# CLAIM FOR WAGES

**PLEASE PRINT OR TYPE ALL INFORMATION IN FULL AND IN DETAIL**

**CLAIMANT INFORMATION**

**INFORMATION ABOUT EMPLOYER**

YOUR NAME (MR. OR MS.)		NAME OF BUSINESS	
ADDRESS		ADDRESS	
CITY & STATE	ZIP	CITY & STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NO.	OWNER'S NAME	
TELEPHONE NO./HOME (      )		TYPE OF BUSINESS	
E-MAIL ADDRESS		TELEPHONE NO. (      )	
TELEPHONE NO./WORK (      )		NAME & ADDRESS OF EMPLOYER'S BANK	
NAME, ADDRESS, PHONE NO. OF PERSON THROUGH WHOM YOU CAN ALWAYS BE LOCATED:			

**WAGES CLAIMED:**

1. The amount of your claim (do not deduct taxes or social security): \$ \_\_\_\_\_
2. Claim is for . . . . .  Unpaid Wages     Commissions     Unauthorized Deductions     Vacation Pay  
 Minimum Wage     Other    (Explain) \_\_\_\_\_
3. If **wages**, what are the dates for which wages were not paid or were underpaid? (From) \_\_\_\_/\_\_\_\_/\_\_\_\_ (To) \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm      dd      yr                      mm      dd      yr  
 Number of hours worked and not paid or underpaid \_\_\_\_\_ at \$ \_\_\_\_\_ per hour.  
 If on salary, number of weeks worked and not paid or underpaid \_\_\_\_\_ at \$ \_\_\_\_\_ per \_\_\_\_\_
4. If **commissions**, what was the percentage you were to receive? ..... %  
 Total sales, etc., on which commissions were not paid (Do not deduct taxes or social security) \$ \_\_\_\_\_  
 (Please attach an itemization of such sales, etc., to this claim.)  
 What was the employer's agreement for time of payment? Explain fully: \_\_\_\_\_  
 \_\_\_\_\_  
 On what date(s) was this work performed?      (Dates) \_\_\_\_\_
5. If **deductions**, explain why the deduction was made: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of pay period on which deduction was made: (Date) \_\_\_\_\_
6. If **vacation** or other, explain how you arrived at the amount of your claim on line Number 1 above. If company benefit, include copy of written policy or if unwritten, explain fully.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date(s) work was performed to earn benefit or wages: \_\_\_\_\_
7. Do you owe any money or property to the employer?     Yes     No    If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT AGREEMENT:**

9. Who hired you? \_\_\_\_\_ 10. Who was your direct supervisor? \_\_\_\_\_

11. What type of work did you perform? \_\_\_\_\_ 12. Was the work done in Iowa? \_\_\_\_\_

13. Starting date of employment \_\_\_\_\_ 14. Ending Date of Employment \_\_\_\_\_

15. Rate of Pay \$ \_\_\_\_\_ per hour / week / month / other (circle one) If other, explain \_\_\_\_\_

16. Pay agreement  Oral  Contract  Written policy Provide a copy of the policy or contract.

17. How often were you paid?  Weekly  Bi-Weekly  Monthly  Other (Explain) \_\_\_\_\_

18. How were you paid?  Check  Cash  Other (Explain) \_\_\_\_\_

19. Did you quit  Yes  No Were you discharged?  Yes  No -- Why? (Explain) \_\_\_\_\_

20. Have you filed for unemployment since leaving this employer?.....  Yes  No

21. Is the employer still in the same business  Yes  No - If out of business, what is the owner's home address?

22. Did your employer deduct social security and withholding taxes? If not, what reason was given? Attach explanation. ....  Yes  No

23. Did you sign any authorization for other deductions? If yes, explain. Attach explanation.....  Yes  No

24. Did your employer set regular working hours?.....  Yes  No

25. Are you covered by a union contract? If yes, contact the union representative before filing this claim with the Division of Labor. ..  Yes  No

\*\* Have you retained an attorney or filed a lawsuit in this matter?  Yes  No **Do not file this claim until you have discussed this with that attorney.** Provide the name, address and telephone number of the attorney and the name of the county in which the lawsuit is filed.

\*\*Are you willing to appear and testify in Court?  Yes  No If you answered no, please explain why.

**AFFIDAVIT, ASSIGNMENT, AND NOTIFICATION**

I hereby certify, under penalty of perjury, that the information I have provided on this form is true according to my best information and belief.

I assign in trust this claim and all penalties accruing because of non-payment, and liens securing them, to the Labor Commissioner. This assignment shall become effective upon a determination by the Commissioner that I have an enforceable claim. I authorize the Commissioner to settle this claim. I authorize the Commissioner to receive payment for this claim, and authorize such payment to be mailed to me unless I have made a different arrangement with the Commissioner.

I understand that I must cooperate as required by the Commissioner, and it is my responsibility to provide sufficient information to prove the claim due. I understand that there is no guarantee that the Commissioner will accept my claim, and no guarantee that the Commissioner will be able to collect upon it.

Date Signed: \_\_\_\_\_ Claimant's Signature: \_\_\_\_\_

