

ILLINOIS DEPARTMENT OF LABOR

Fair Labor Standards Division
Wage Claim Section
160 North LaSalle Street - Suite C-1300
Chicago, Illinois 60601-3150
Telephone #: 312-793-2808 Facsimile #: 312-814-1210

INSTRUCTIONS FOR FILING A WAGE CLAIM APPLICATION

1. For your claim to be processed, it must be legible. Therefore, please type or print the Wage Claim Application.
2. Please complete and return this form as quickly as possible as claims for earnings are time sensitive and must be made **within 1 year** of when the claimed amounts were earned.
3. Upon completion, sign it and return the original application with all supporting documents to the Department of Labor address above.
4. Answer all questions completely. Some questions require you to submit supporting documents. Attach all supporting documents to your claim.
5. If you are claiming overtime (over 40 hours worked within one (1) work week), do not include your overtime claim on this *Wage Claim Application* (doing so will spoil the application and force us to return it to you). For overtime claims, you must submit a *Minimum Wage and Overtime Application*.
6. If you move or change your address or telephone number after filing your claim, please notify our office in writing at once. Your claim may be dismissed if we cannot locate you!
7. This is a lengthy process, which may take up to one (1) year to resolve.
8. Upon receipt of your properly completed Wage Claim Application and two (2) copies of all supporting documents, the department will investigate your claim. You may be required to submit additional information. If so, our office will notify you.
9. Upon completion of the investigation, you may be required to participate in an informal investigative hearing prior to a decision being rendered. You will be notified in writing of any action required on your part.

WAGE CLAIM APPLICATION

Illinois Department of Labor
 160 N. LaSalle Street, Ste. C-1300
 Chicago, Illinois 60601
 (312) 793-2808

PLEASE PRINT OR TYPE ALL INFORMATION

Use additional sheets if necessary. Attach copies of all supporting documentation and other evidence. A copy of this claim will be sent to the employer.

FOR OFFICIAL USE ONLY

Wage Claim Number: _____
 Date Received: _____

<p>CLAIMANT INFORMATION: Your Name _____ Address _____ City, State _____ Zip _____ Social Security # _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Home Telephone _____ Current Work Telephone _____</p>	<p>EMPLOYER INFORMATION: Business Name _____ Address _____ City, State _____ Zip _____ Corporation Name, if any _____ Contact Name _____ Phone Number _____</p>
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1. Who hired you? _____ 2. Supervisor Name _____ 3. # of Employees _____
 4. Did you sign an employment contract or agreement? Yes (attach copy) No 5. Did your employer set regular working hours? Yes No
 6. Was the employer's business Retail Manufacturing Construction Other (explain) _____ No
 7. What type of work did you perform? _____
 8. Address where work was done: _____
 9. Were you an independent contractor? Yes No Do you own a business? Yes No If yes, type of business: _____
 10. What was your rate of pay? Hourly \$ _____ Weekly \$ _____ Monthly \$ _____ Other (explain) _____
 11. Was your rate of pay agreement: Oral Written (Attach a copy) 12. How often were you paid? Weekly Bi-Weekly Monthly
 Semi-Monthly Other (Explain) _____
 13. Are you still working for this employer? Yes No Is this company still in operation? Yes No
 14. Did you quit? Yes No Were you Discharged? Yes No Other (explain) _____
 15. Date Hired _____ Last Day Worked _____ 16. Were you in a union? No Yes (Name/Local#) _____

17. Total amount of claim (do <u>not</u> deduct taxes or social security)\$ _____	18. Is the claim for unpaid: <input type="checkbox"/> ¹ Wages \$ _____
<input type="checkbox"/> ² Vacation Pay \$ _____	<input type="checkbox"/> ³ Bonus Pay \$ _____
<input type="checkbox"/> ⁴ Commissions \$ _____	<input type="checkbox"/> ⁵ Illegal Ded _____
<input type="checkbox"/> ⁶ Other \$ _____	

19. If you claim WAGES, dates for which wages were not paid: _____ Number of hours worked and not paid: _____ at \$ _____
 per hour. If salaried rather than hourly, number of days/weeks/months not paid: _____ at \$ _____ per _____
 20. If you claim VACATION PAY, does the employer have a policy? Yes (If yes, explain fully or attach copy) No
 List vacations covered, taken, and paid during your employment with this employer:

Period Worked (Mo/Day/Year) to (Mo/Day/Year)	No. Days/Weeks Earned	Dates Taken	Dates Paid
From: _____ to: _____	_____	_____	_____
From: _____ to: _____	_____	_____	_____
From: _____ to: _____	_____	_____	_____

21. If you claim BONUS pay, what was the bonus formula? Attach copy of any written policy or agreement. Explain how you arrived at the amount of your claim: _____
 22. If you claim COMMISSIONS, what was the commission formula? Attach copy of any written policy or agreement. What was the total amount of sales, etc. on which commissions were not paid? _____ Attach an itemization of each sale, etc. to this application.
 23. If you claim ILLEGAL DEDUCTIONS, explain why the deduction(s) was (were) made: _____
 Did you authorize the deduction(s) in writing? Yes No
 24. If you claim OTHER, explain how you arrived at the amount of your claim. If company benefit, attach a copy of the written policy, or, if unwritten, explain fully: _____

I HEREBY CERTIFY that the foregoing including attachments, is true and accurate to the best of my knowledge and belief. I UNDERSTAND that acceptance of this claim by the Illinois Department of Labor does not guarantee collection. I AUTHORIZE the Department of Labor to receive any monies and to mail such monies to me at my own risk.

Date _____ Claimant's Signature _____

Additional Comments

[Empty rectangular box for additional comments]