

**PREVAILING WAGES
AFFIDAVIT OF STATEMENT
AND ASSIGNMENT OF CLAIM
TO DELAWARE DEPARTMENT OF LABOR
- PLEASE PRINT OR TYPE -**

CLAIMANT

NAME: (MS./MR) _____

ADDRESS: _____

PHONE: HOME _____ WORK _____ SSN _____

EMPLOYER

COMPANY: _____

FULL MAILING ADDRESS: _____

PHONE: _____ CONTACT PERSON: _____

FAX: _____ TYPE OF BUSINESS: _____

EMPLOYMENT INFORMATION

IS THE EMPLOYER STILL IN BUSINESS? _____

IS THE EMPLOYER A SUBCONTRACTOR? _____ (IF YES, FOR WHOM?)
(_____)

WHAT WAS YOUR JOB CLASSIFICATIONS? _____

ARE YOU STILL EMPLOYED? _____ IF NO, WHY? _____
RESIGNED
LAI D OFF
DISCHARGED

DO YOU BELONG TO A UNION? _____ NAME: _____

STARTING DATE OF EMPLOYMENT: _____ ENDING: _____

WERE YOU PAID ON AN HOURLY BASIS? _____ OR SALARIED?

GIVE THE NAME AND LOCATION OF THE PROJECT WHERE YOU PERFORMED
THIS WORK: _____

WHAT WAS THE CONTACT OR BID NUMBER FOR THIS PROJECT: _____

ARE YOU A STATE REGISTERED APPRENTICE _____ YES _____ NO

IF YES, FOR WHAT TRADE?

GIVE US THE NAMES, ADDRESSES, AND PHONE NUMBERS OF ANY WITNESSES

WHO CAN TESTIFY TO THE VALIDITY OF THIS CLAIM ON YOUR BEHALF:

WERE THE PREVAILING WAGE RATES POSTED AT THE CONSTRUCTION SITE?
 _____YES_____NO

BENEFITS

WHAT FRINGE BENEFITS WERE OFFERED BY YOUR EMPLOYER, e.g. MEDICAL, VACATION, HOLIDAYS, PENSION, ETC.

DID YOU RECEIVE THE FRINGE BENEFIT(S)?___YES___NO

IF YOU DID NOT RECEIVE THE FRINGE BENEFIT(S), WHICH BENEFIT(S) DID YOU NOT RECEIVE?

DID YOUR EMPLOYER DEDUCT ANYTHING FROM YOUR PAY FOR THESE FRINGE BENEFITS? YES _____NO IF YES, HOW MUCH WAS DEDUCTED FROM YOUR PAY?

IF YOU DID NOT RECEIVE THE BENEFIT AND MONEY WAS DEDUCTED FROM YOUR PAY, WERE YOU ABLE TO GET BACK THE MONEY WHICH HAD BEEN DEDUCTED?_____YES_____NO IF NO, HOW MUCH MONEY WAS DEDUCTED FROM YOUR PAY?_____

WAGE INFORMATION

WAGES CLAIMED (PRE-TAX) HOW WERE YOU PAID: _____ CHECK
 _____ CASH

HOW OFTEN: (CIRCLE ONE)

WEEKLY BIWEEKLY SEMIMONTHLY MONTHLY

OTHER: (SPECIFY)_____

TOTAL WAGES OWED	\$ _____
VACATION	\$ _____
OTHER	\$ _____
LESS AMOUNT ACTUALLY PAID	\$ _____
TOTAL DUE	\$ _____

HAVE YOU ASKED FOR YOUR WAGES? _____ WHEN? _____

REASON GIVEN BY EMPLOYER FOR NON-PAYMENT: _____

DO YOU OWE THE EMPLOYER FOR ANY PAY ADVANCES, MERCHANDISE,
OR OTHER? _____ IF YES, EXPLAIN: _____

DID YOU HAVE A SPECIFIC WAGE AGREEMENT? _____ YES _____ NO
_____ WRITTEN _____ ORAL EXPLAIN: _____

DO YOU HAVE ANY DOCUMENTS TO SUPPORT YOUR CLAIM (RECEIPTS, PAY
STUB, STATEMENTS, ETC.)? _____ YES _____ NO IF YES, PLEASE
INCLUDE COPIES OF THE DOCUMENTATION.

HAVE YOU TRIED TO COLLECT YOUR WAGES THROUGH OTHER MEANS
(COURT, ATTORNEY, ETC.?) _____ IF YES, EXPLAIN: _____

ON WHAT DATE WERE YOU LAST PAID? _____

WAGES CLAIMED FROM WHAT DATE _____ THRU WHAT DATE _____

NUMBER OF HOURS FOR WHICH YOU HAVE NOT BEEN PAID (IF
APPLICABLE) : _____

EXPLAIN THIS CLAIM IN YOUR OWN WORDS. HOW, EXACTLY, DID YOU
CALCULATE THE AMOUNT OF WAGES DUE?

GIVE AN ITEMIZED BREAKDOWN OF THE HOURS WORKED PERFORMING EACH
TYPE OF TASK, e.g. LABORER, CARPENTER, IRONWORKER, ETC.
COMMISSIONS.

INCLUDE THE TOOLS AND ANY POWER EQUIPMENT YOU USED TO PERFORM YOUR
WORK.

ANY DOCUMENTS WHICH SUPPORT YOUR CLAIM SHOULD BE ATTACHED TO
THIS CLAIM FORM.

FAILURE TO ANSWER ALL QUESTIONS COMPLETELY MAY RESULT IN DELAYING THE PROCESSING OF YOUR CLAIM. **INCOMPLETE CLAIMS AND/OR CLAIMS NOT NOTARIZED WILL BE RETURNED.**

ACCEPTANCE OF THIS CLAIM BY THE DEPARTMENT DOES NOT GUARANTEE COLLECTION. DO NOT ASSUME THAT YOUR CLAIM IS VALID JUST BECAUSE YOU HAVE FILED IT WITH US. IN CASE OF A DISPUTE, IT WILL BE YOUR RESPONSIBILITY TO SUBSTANTIATE THE VALIDITY OF YOUR CLAIM IN THE AMOUNT STATED. IT IS ALSO YOUR RESPONSIBILITY TO PROVIDE AN ACCURATE ADDRESS AT WHICH WE MAY REACH THE EMPLOYER AGAINST WHOM THIS CLAIM IS FILED.

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY ASSIGN THE SAID WAGES, ALL PENALTIES ACCRUED BECAUSE OF NON-PAYMENT THEREOF, AND ALL LIENS SECURING SAID WAGES TO THE DELAWARE DEPARTMENT OF LABOR AND ANY DEPUTY OR REPRESENTATIVE AUTHORIZED TO ACT ON ITS BEHALF TO COLLECT UNDER THE DELAWARE CODE. I HEREBY CONSENT TO ANY CASH SETTLEMENT OR ADJUSTMENT NEGOTIATED BY SAID DEPARTMENT ON MY BEHALF WHICH IS LESS THAN THE TOTAL DOLLAR AMOUNT OF THIS CLAIM. THE DEPARTMENT OF LABOR IS HEREBY AUTHORIZED TO RECEIVE, ENDORSE, AND DEPOSIT ANY CHECKS OR MONEY ORDERS TO SAID DEPARTMENT. I HEREBY AUTHORIZED SAID DEPARTMENT TO MAIL ANY CHECK PAID ON THIS CLAIM, AT MY OWN RISK, TO THE ADDRESS GIVEN.

I REALIZE THAT MAKING A FALSE STATEMENT UNDER OATH IS A CRIME IN THE STATE OF DELAWARE.

STATE OF _____)
) SS.
COUNTY OF _____)

SIGNATURE OF CLAIMANT

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, THIS
_____ DAY OF _____, A.D. 20_____.

NOTARY PUBLIC

Return to:
Office of Labor Law Enforcement
4425 North Market Street
Wilmington, DE 19802

Mailing Address:
Post Office Box 9954
Wilmington, DE 19809-9954

You may print this form, complete it, have your signature notarized and return the form to the Office of Labor Law Enforcement. This Office will not accept claim forms which are incomplete, or do not contain the claimant's notarized signature.