



## **How to File a Wage Claim through the The Delaware Department of Labor Office of Labor Law Enforcement (Wage & Hour) (COVID-19 Update)**

1. Complete all sections that represents your issue
2. Forms can be submitted via online or printed
3. If printed, form can be submitted via email, fax or mailed

The completed questionnaire and any supporting documents may be submitted by mail, fax, email or in person.

MAIL: Delaware Department of labor  
Office of Labor Law Enforcement/ Wage & Hour  
4425 N. Market Street, 3<sup>rd</sup> Floor  
Wilmington, DE. 19802

EMAIL: [wages@delaware.gov](mailto:wages@delaware.gov)  
FAX: 302-736-9196

IN-PERSON: 4425 N. Market Street, 3<sup>rd</sup> Floor  
Wilmington, DE. 29802

8-B Georgetown Plaza  
Georgetown, DE. 19947

655 Bay Road, Ste. 2H  
Dover, DE. 19901

# **INSTRUCTIONS FOR COMPLETING WAGE CLAIM FORM**

The Delaware Department of Labor, Office of Labor Law Enforcement, enforces 18 laws including: The Wage Payment and Collection Act and the Minimum Wage Act. These two laws prohibit the improper or non-payment of wages to an employee (for example, non-payment of minimum wage, non-payment of wages earned, vacation or holiday pay, etc.) The Delaware Department of Labor, Office of Labor Law Enforcement, processes claims filed by employees against their current or former employers. Wage claims have a statute of limitations of one year from the date monies are allegedly due to the employee. However, the wage claim must be filed with the Delaware Department of Labor, Office of Labor Law Enforcement, at least **90** calendar days prior to the statute of limitations expiring. **This Office may only accept claims with a monetary value not exceeding \$25,000.** If you are a member of a union and are a party of a collective bargaining agreement, you must first pursue your wage grievance through your collective bargaining procedures.

Have you tried to collect your wages through other means (Justice of the Peace Court, Court of Common Pleas or Superior Court)?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **SECTIONS A & B: REQUIRE CURRENT INFORMATION**

**Your complete name and address** and the **complete name and address of the employer** you allege owes you money must be on the form. Be advised the form will be returned to you and not processed if the above information is not provided. Please provide the employer's corporate address in the Narrative section, if you know it.

## **SECTION C & D: REQUIRE COMPLETE INFORMATION**

It is very important that you complete these sections as thoroughly as possible and submit documentation to support your claim, such as employee handbooks, payroll statements (pay stubs), employer policies, records, and/or receipts, bonuses, travel pay and written memoranda, etc., at the time of filing.

## **SECTION E, F & G: REQUIRE COMPLETION IF THEY APPLY TO YOUR CLAIM**

If any of these sections do not apply to your claim, please state "Not Applicable" on the form.

## **SECTION H: REQUIRE COMPLETION**

**IT IS VERY IMPORTANT THAT YOU PROVIDE A NARRATIVE:** This section is a brief summary of the employment events leading up to the filing of your wage claim with the Delaware Department of Labor, Office of Labor Law Enforcement. Please provide a short, detailed synopsis of events.

**BE ADVISED THAT YOUR CLAIM WILL NOT BE PROCESSED IF ANY OF THE ABOVE REQUIRED SECTIONS ARE INCOMPLETE OR IF YOUR CLAIM IS NOT NOTARIZED.**

**AFFIDAVIT OF STATEMENT AND ASSIGNMENT OF CLAIM FOR WAGES  
TO DELAWARE DEPARTMENT OF LABOR**

**- PLEASE PRINT OR TYPE -**

**A. CLAIMANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other: \_\_\_\_\_ Email: \_\_\_\_\_

**B. EMPLOYER**

Company: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Fax: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Do you belong to a Union?  Yes  No

Have you exhausted all your remedies under your collective bargaining agreement?  Yes  No

**C. EMPLOYMENT INFORMATION**

Is the employer still in business?  Yes  No

Is the employer a subcontractor?  Yes  No (If Yes, for whom?) \_\_\_\_\_

Were you hired and/or work in Delaware?  Yes  No Position held: \_\_\_\_\_

Name and title of the person who hired you? \_\_\_\_\_

Are you still employed?  Yes  No

If no, for what reason?  Discharged  Laid Off  Resigned

Starting date of employment: \_\_\_\_\_ Ending: \_\_\_\_\_

Pay: Hourly Rate: \_\_\_\_\_ Salary: \_\_\_\_\_

How were you paid?  Check  Cash  Direct Deposit

How often were you paid?  Weekly  Bi-Weekly  Monthly  Bi-Monthly

Name and title of person who informed you of the time and method of payment: \_\_\_\_\_

Did you have a specific wage agreement?  Yes  No

If yes, was the agreement:  Written  Oral Explain: \_\_\_\_\_

Name and title of person who explained this to you: \_\_\_\_\_

**D. WAGE INFORMATION**

WAGES CLAIMED (BEFORE TAXES) \$ \_\_\_\_\_ (ACTUAL \$ AMOUNT DUE)

COMMISSIONS \$ \_\_\_\_\_

VACATION \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

Wages claimed from what date: \_\_\_\_\_ to \_\_\_\_\_

Number of hours for which you are claiming (if applicable): \_\_\_\_\_

On what date were you last paid? \_\_\_\_\_

Have you asked for your wages?  Yes  No When? \_\_\_\_\_

Reason provided by employer for non-payment: \_\_\_\_\_

Is there any proof/evidence that you were working on the days you claim wages?  Yes  No

If yes, what type of proof?  Time Sheets/Cards/Logs  Work Schedules  Sales Slips  Witnesses  Other

Please explain the type of proof/evidence and provide the names, addresses, and phone numbers of witnesses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and title of person whom you submitted these records: \_\_\_\_\_

**IF YOU HAVE RECORDS – YOU MUST SUBMIT THEM WITH THIS CLAIM**

Do you owe the employer for any pay advances, merchandise, or other?  Yes  No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any documents (receipts, pay stubs, statements) to support your claim?  Yes  No

**IF YOU HAVE DOCUMENTS – (COMPANY POLICIES/HANDBOOKS) YOU MUST SUBMIT THEM WITH THIS CLAIM FORM**

If you were paid cash, how much were you given, who gave it to you, and when were you paid?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. UNLAWFUL DEDUCTIONS**

What unlawful deductions, if any, have been deducted from your pay? \_\_\_\_\_

**YOU MUST SUBMIT COPIES OF YOUR PAY STATEMENTS SHOWING THE DEDUCTIONS**

Did you sign a written agreement authorizing the employer to make these deductions?  Yes  No

If yes, describe the circumstances in which you agreed to the deduction or reimbursement to employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. UNLAWFUL TIP-POOLING**

Did you receive tips as part of your wages?  Yes  No

Were you required to provide all or part of your tips to the employer?  Yes  No

Name and title of the person who collected the tips from you: \_\_\_\_\_

Were you required to provide a percentage of your tips to other employees?  Yes  No

If yes, what type of work did the other employees perform? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If this claim is for tips withheld for banquet work, how much did the employer charge the banquet customers for gratuities? \_\_\_\_\_%

**G. FRINGE BENEFITS/WAGE SUPPLEMENTS**

What type of benefit or wage supplement are you claiming?  Vacation Pay  Sick Pay  Holiday Pay

Health Benefits  Bonus  Business/Travel Expenses

If your claim is for a benefit or wage supplement not listed above, explain the basis for your claim. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of proof/evidence (previous payroll statements, receipts, employee handbooks, employee policies, etc.) do you have that the benefit is due to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. NARRATIVE**

Explain this claim in your own words. Describe how you calculated the amount of wages due.

If you are claiming commissions, state whether or not you were paid a “draw” or a salary in addition to your commissions, including the amount of the draw/salary.

If you are claiming vacation pay, or holiday pay, attach a copy of the employer’s policy and describe the benefit you are seeking compensation.

**ANY DOCUMENTS WHICH SUPPORT YOUR CLAIM MUST BE ATTACHED TO THIS CLAIM FORM**

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ACCEPTANCE OF THIS CLAIM BY THE DEPARTMENT OF LABOR DOES NOT GUARANTEE COLLECTION. **DO NOT ASSUME THAT YOUR CLAIM IS VALID JUST BECAUSE YOU HAVE FILED IT WITH THIS OFFICE.**

**AT ALL TIMES IT IS YOUR RESPONSIBILITY TO PROVIDE AN ACCURATE ADDRESS WHERE WE CAN CONTACT YOU AND THE EMPLOYER AGAINST WHOM YOU HAVE FILED THIS CLAIM. IN CASE OF A DISPUTE, IT IS YOUR RESPONSIBILITY TO SUBSTANTIATE THE VALIDITY OF YOUR CLAIM AND THE AMOUNT YOU HAVE CLAIMED**

**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/OR 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 THAT IS LESS THAN THE TOTAL DOLLAR AMOUNT OF THIS CLAIM. THE DEPARTMENT OF LABOR IS HEREBY AUTHORIZED TO RECEIVE, ENDORSE AND/OR DEPOSIT ANY CHECKS OR MONEY ORDERS TO SAID DEPARTMENT. I HEREBY AUTHORIZE SAID DEPARTMENT TO MAIL ANY CHECKS PAID ON THIS CLAIM, AT MY OWN RISK, TO THE ADDRESS THAT I HAVE GIVEN AS MY ADDRESS.**

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

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SIGNATURE OF CLAIMANT

DATE

**RETURN THIS FORM TO:**

STATE OF DELAWARE  
DEPARTMENT OF LABOR  
OFFICE OF LABOR LAW ENFORCEMENT  
4425 NORTH MARKET STREET- 3rd FLOOR  
WILMINGTON, DE 19802  
Phone: (302) 761-8200, Press Option # 3  
FAX: (302) 736-9196  
Email: wages@delaware.gov

STATE OF DELAWARE  
DEPARTMENT OF LABOR  
OFFICE OF LABOR LAW ENFORCEMENT  
BLUE HEN CORPORATE CENTER  
655 SOUTH BAY ROAD, SUITE 2H  
DOVER, DE 19901  
Phone: (302) 761-8200, Press Option # 3  
FAX: (302) 736-9196  
Email: wages@delaware.gov

STATE OF DELAWARE  
DEPARTMENT OF LABOR  
OFFICE OF LABOR LAW ENFORCEMENT  
8 GEORGETOWN PLAZA, STE. 2  
GEORGETOWN, DE. 19947  
Phone: (302) 761-8200, Press Option # 3  
FAX: (302) 736-9196  
Email: wages@delaware.gov