



**DELAWARE DEPARTMENT OF LABOR
DIVISION OF INDUSTRIAL AFFAIRS
OFFICE OF WAGE AND HOUR ENFORCEMENT**

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 claim filed by employees against their current or former employers. Wage claims have a statute of limitations of **two years** 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.

Be advised the form will be returned to you and not processed if the information is not provided. This may cause delays in processing the claim and hinder the Department in collecting unpaid wages on your behalf.

HOW TO FILE A CLAIM

The completed Intake Questionnaire and any supporting documentation may be submitted by mail, fax, email or in- person.

MAIL Delaware Department of Labor
Office of Wage & Hour
4425 N. Market Street, 3rd Floor
Wilmington, DE. 19802

EMAIL wages@delaware.gov

FAX (302) 622-4105

IN PERSON 4425 N. Market St,3rd FL Christiana Building 655 Bay Rd. Ste 2H 8 Georgetown Plaza, Ste 2
Wilmington, DE. 19802 252 Chapman Rd, 2nd FL. Dover, DE. 19901 Georgetown, De. 19947
Newark, DE. 19702

For additional information regarding the laws enforced by the Office of Wage & Hour, please refer to our website at www.labor.delaware.gov/wageandhour

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, what is the docket or file # _____)

If yes, explain:

PLEASE READ!

INSTRUCTIONS FOR COMPLETING A WAGE CLAIM FORM

SECTIONS A & B: REQUIRED INFORMATION TO PROCESS CLAIM

1. Your complete name, address and contact information.
2. The complete name and address of the employer you allege owes you wages.
3. Total amount of wages believed owed to you.
4. Complete EVERY section/ question that applies to your claim (Example: If claiming tips, you must complete the Tip and Tip Pooling part of the form).
5. Complete the Narrative part of the claim providing the story of why you believe the wages are owed. Please include the businesses corporate address in the Narrative section, if known.

Sections 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: Examples of documentation important to a claim are:

1. Copies of paychecks/ paycheck stubs
2. Payroll statements
3. Employer policies or handbooks
4. Records or receipts
5. Written agreements between you and the employer

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 or N/A" 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 that lead you 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.

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

A. CLAIMANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you under 18 years of age? Yes No

If yes, do you have a valid Delaware work permit? Yes No

Do you need an interpreter? Yes No If yes, specify: _____

B. EMPLOYER

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

Company Email: _____

Type of Business: _____

C. EMPLOYMENT INFORMATION

Is the employer still in business? Yes No

Is the employer a subcontractor? Yes No

If yes, for whom? (company's name) _____

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

Do you belong to a Union? Yes No If Yes, specify Local No. _____

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

Starting date of employment: _____ Ending Date: _____

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 payment method: _____

Did you have a specific wage agreement? Yes No

If yes, was the agreement: Written Oral Amount agreed _____

Name and title of the person who explained this to you: _____

D. WAGE INFORMATION

Wages Claimed (Before Taxes, Actual \$ Amount Due)	\$ _____
Commissions	\$ _____
Vacation	\$ _____
Other	\$ _____
Total Amount 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 are claiming 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, address and phone numbers of witnesses:

Witness # 1

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Witness # 2

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

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, paystubs, statements) to support your claim? Yes No

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

If you were paid cash, what was the amount paid, when were you paid, and who provided payment?

E. UNLAWFUL DEDUCTIONS

YOU MUST SUBMIT COPIES OF YOUR PAY STATEMENT SHOWING THE DEDUCTIONS

What unlawful deductions if any, were deduction from your pay? _____

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

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

Name and title of 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, explain the basis for your claim:

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 ASSIGN THE SAID WAGES, ALL PENALTIES ACCURED BECAUSE OF NON-PAYMENT THEREOF, AND ALL LIENS SECURING SAID WAGES TO THE DELAWARE DEPARTMENT OF LABOR AND/OR ANY DEPUTY OR REPRESENTATIVE AUTHORIZE 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 PROVIDED.

I HEREBY CERTIFY THAT THE FORGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ACKNOWLEDGE THAT MAKING A FALSE STATEMENT UNDER OATH IS A CRIME IN THE STATE OF DELAWARE.

Signature

Date