

THE INDUSTRIAL COMMISSION OF ARIZONA LABOR DEPARTMENT



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P.O. Box 19070
Phoenix, Arizona 85005-9070

STEVEN WELKER, DIRECTOR
PHONE: (602) 542-4515
FAX: (602) 542-8097

JAMES ASHLEY, DIRECTOR

A Wage Claim form is used for unpaid or missing wages, bonus, vacation, mileage, NSF checks, and unauthorized deductions.

DO NOT use this form for wages paid below the current minimum wage or for sick pay.

INSTRUCTIONS FOR FILING A WAGE CLAIM

In order to best serve you, please follow these simple steps when filing your claim.

- The completed Wage Claim can be submitted by: Email: Laborinv@azica.gov, Fax: (602) 542-8097, or Mail.
- Ensure all (*) asterisk areas are completed, otherwise the Department will not be able to process and investigate your claim.
- Please contact the Department immediately if you move and/or change your address.
- A copy of the Wage Claim and any attachments submitted will be sent to the employer. We are unable to accept any request for confidentiality.
- The amount claimed cannot exceed **\$5,000.00**. If you are owed more than this amount your recourse is to file through Small Claims Court or Superior Court.
- Unpaid wages must be filed within one (1) year from the date of accrual or the Department will not be able to investigate your claim.
- If the employer has filed Bankruptcy, the Department will not be able to investigate your claim. Contact the Bankruptcy Court at (602) 682-4001.
- If you are claiming overtime hours you can only file with this department if the employer has a history of paying you overtime wages. If not, contact the Federal Wage & Hour Division at (602) 514-7100.
- You must make an attempt to return any or all property to your former employer.
- Answer all questions on the complaint form completely. Incomplete responses may delay or hinder the processing of your claim.
- All complaints must be signed by the claimant and dated before returning to the Department of Labor.
- Submit, with your complaint form, one copy of any documents that are relevant to your complaint and retain one copy for your records. These items may assist in the investigation process. The Department is not responsible for the loss or damage of originals.

800 West Washington Street, Phoenix, Arizona 85007
2675 East Broadway Boulevard, Tucson, Arizona 85716
www.azica.gov



Unpaid Wage Claim
(Pursuant to A.R.S. §23-356)

INDUSTRIAL COMMISSION OF ARIZONA
LABOR DEPARTMENT
P O BOX 19070
PHOENIX, ARIZONA 85005-9070
PHONE (602) 542-4515 FAX 602-542-8097

WAGE CLAIM NO. _____

AMOUNT \$ _____
(FOR OFFICE USE ONLY)

Claimant Information:					
*Last Name:		First Name:		MI:	*D.O.B.:
*Address:		Apt. No.	City:	State:	Zip:
E-Mail Address:		*Telephone No.		Cell Phone No.	
Employer Information:					
*Employer Business Name:		*Telephone No.		*Type of Business:	
*Address:		Suite No.	City:	State:	Zip:
Owner's Name:		Owner's Mailing or Email Address (if available):			
Additional Information (business email address, corporate name, additional address, owner's cell phone number, etc.):					
Job Information:					
*Your Job Title: _____ Type of work performed: _____					
Who hired you: _____		Their Title/Position: _____			
Who supervised you: _____		Their Title/Position: _____			
Address where work was done (if different than above): _____					
*Start Date of Employment: _____			*Last Date of Employment: _____		
*Rate of pay \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____					
How often were you paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____					
Was the wage agreement: <input type="checkbox"/> Written <input type="checkbox"/> Verbal (if written provide copy)					
How were you paid: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pay Card <input type="checkbox"/> Other					
General Job Information Questions:					
Was the job contracted in Arizona?		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, Where? _____			
Did you quit?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Why? _____			
Were you discharged?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Why? _____			
Do you owe money to the employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, \$ _____ Explain: _____			
Do you have any employer's property?		<input type="checkbox"/> Yes <input type="checkbox"/> No What property? _____			
*Did you ask for your wages?		<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			
Is the employer still in business?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Did the employer file Bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you an Independent Contractor?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Did the employer withhold taxes?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Did the employer keep time cards?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

***Required to be completed**

Continue on 2nd page

Wage Claim (Pursuant to A.R.S. § 23-356)

FILL OUT **ONLY** THE SECTION(S) THAT APPLY AND ATTACH SUPPORTING DOCUMENTS BELOW.

HOURLY:			AMT OWED	DATES BY - MM/DD/YY	
Number of hours unpaid	X	(rate of pay)	\$	From	to
SALARY: Hours/Days/Weeks	X	(rate of pay)	\$	From	to
COMMISSION:					
Gross Sales \$	X	%	\$	From	to
PIECE RATE:					
Was job based on completion of work? Yes/No			\$	From	to
VACATION/PTO: (Do NOT include sick time. Use EPST Form for Sick Time)					
Hours/Days/Weeks	X	(rate of pay)	\$	From	to
BONUS:					
Submit an explanation on a separate sheet of paper			\$	From	to
UNAUTHORIZED DEDUCTION:					
Submit copy of the paystub(s) showing the deduction(s)			\$	From	to
MILEAGE:					
Number of Miles:	X	¢(per mile)	\$	From	to
NSF CHECKS:					
Submit bank documents or the NSF Check			\$	From	to
OTHER:					
Submit an explanation on a separate sheet of paper			\$	From	to

***TOTAL GROSS AMOUNT** \$ _____
(Do not deduct taxes)

ATTACH SUPPORTING DOCUMENTS HERE

IF YOUR WAGE CLAIM FORM IS INCOMPLETE IT MAY BE RETURNED TO YOU; AN INCOMPLETE FORM MAY DELAY THE PROCESS AND/OR NO FURTHER ACTION WILL BE TAKEN.

I hereby certify that this is a true statement to the best of my knowledge. I understand that acceptance of this claim by the Labor Department does not guarantee collections. I authorize the Department to receive any monies due to me and to mail such monies at my own risk. (Checks will be mailed certified to your address listed with the Labor Department)

Date: _____ Claimant's Name: _____ / _____
Print Signature

Date: _____ CSR Name: _____ Email Fax Mail Online Walk-in