CLAIM FOR WAGES

NORTH DAKOTA DEPARTMENT OF LABOR AND HUMAN RIGHTS
SFN 17081 (Rev. 3-2014)

600 E Boulevard Ave Dept 406
Bismarck ND 58505-0340
701-328-2660 Fax 701-328-2031
ND Toll-Free 1-800-582-8032
TTY: 1-800-366-6888
www.nd.gov/labor

A copy of this Claim and your attachments will be sent to the employer.

For Department Use Only
Wage Claim Number

PLEASE PRINT OR TYPE

Name of Claimant (First, Middle, Last)

Address (RR, Box or Street Number) | Apt. No.

City | State | ZIP Code

Home Telephone Number | Work Telephone Number

Cell Phone Number | Personal Fax Number

Email Address

Job Title

Nature of Work Performed

Did you keep a time record? (If yes, attach a copy to this Claim for Wages) ☐ Yes ☐ No

Was the work performed in North Dakota? ☐ Yes ☐ No

If not, where?

If yes, list city(ies) or county(ies) where work was performed

If a combination of states, what percentage in North Dakota?

Rate of Pay

How often paid?
Per ☐ Hour ☐ Week ☐ Month ☐ Commission

Did any written contract or agreement exist between you and named employer? (If yes, attach a copy.) ☐ Yes ☐ No

Time Period for which you are claiming wages

Number of hours, weeks, or months worked

☐ Discharged ☐ Laid Off ☐ Quit ☐ Still Employed

Date of next payday after separation of employment

Have you made a written or oral request for your wages? (If written, attach a copy) ☐ Yes ☐ No

Reason for Submitting This Wage Claim

☐ Failure to pay wages
☐ Unauthorized deductions
☐ Failure to pay minimum wage
☐ Failure to pay overtime
☐ Failure to pay vacation pay
☐ NSF payroll check (include copy)

Name of Business/Employer

Address (RR, Box or Street Number) | Apt. No.

City | County

State | ZIP Code

Business Telephone Number | Cell Phone Number

Employer Fax Number | Email Address

Is the business still in operation? ☐ Yes ☐ No ☐ Unknown

Names of each individual owner of business

Owner's home address | Telephone Number

City | State | ZIP Code

Is owner currently a member of the US Military Service? ☐ Yes ☐ No ☐ Unknown

Name of person(s) responsible for the daily operation of the business

Title

Home Address (RR, Box or Street Number)

City | State | ZIP Code

Telephone Number | Cell Phone Number

Is business in bankruptcy? ☐ Yes ☐ No ☐ Unknown

Is owner in bankruptcy? ☐ Yes ☐ No ☐ Unknown

(OVER)

Date Work Started (Mo/Da/Yr)	Last Date Worked (Mo/Da/Yr)

Reason, if any, for employer's refusal to pay

How were you paid previously?

☐ Check (Payroll or Personal) ☐ Owner ☐ Cash ☐ Debit Card

☐ Direct Deposit ☐ Other ☐ Money Order

If paid by check, attach a copy of checks or pay stubs.

Gross Amount of Wages In Dollars and Cents Which I Believe Due:

$

Claims without amount will be returned causing a delay in processing. You may file a claim for wages only. You may not file for expenses.

Please provide a BRIEF EXPLANATION of amount claimed above.

Do you know of any offsets, deductions, or counterclaims your employer might make against your wage claim? Explain.

I am providing this information to help the Commissioner of Labor determine the merit of my wage claim. The information I have provided on this form is accurate to the best of my knowledge and belief.

I understand that the Commissioner of Labor does not assume my claim is valid simply because I have filed with the North Dakota Department of Labor and Human Rights. I also understand the Commissioner of Labor may not be able to take action against the employer in the wage claim. Further, I understand that copies of this form and other information submitted with this form will be sent to the employer.

Signature	Date

Date Received