

CLAIM FOR WAGES

NORTH DAKOTA DEPARTMENT OF LABOR AND HUMAN RIGHTS
SFN 17081 (11-2023)

Instructions

The North Dakota Department of Labor and Human Rights ("Department") enforces wage and hour laws and resolves wage disputes between employees and employers, with the authority to collect non-payment or improper payment of wages (for example, non-payment of wages earned, unauthorized paycheck deductions, failure to pay overtime, minimum wage, or paid time off). Filing with the Department should be your last resort - your claim may not be accepted unless you have made a demand for your wages. Some situations prevent us from pursuing wage claims until or unless certain events have occurred. Your claim will not be accepted if you do not provide the information requested below. Once your claim is accepted, your cooperation is required. Your failure to cooperate with the investigation may result in the dismissal of your claim. **The provision of false information in this claim is a crime under N.D.C.C. 34-14-07.** You must use a blue or black pen.

I CERTIFY I HAVE READ THESE INSTRUCTIONS AND UNDERSTAND MY RIGHTS AND DUTIES

Signature	Date
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In order to file a claim, you must acknowledge the following (INITIAL EACH ITEM):

_____ I am the claimant and I carry the initial burden of proof.

_____ I understand that information I submit may be shared with my employer.

_____ I understand that the information I submit must be complete and I must provide sufficient information for the Department to pursue my claim, and that my failure to provide the requested information may result in the rejection of my claims.

_____ I understand that anything I submit in a paper form will be scanned to an electronic version and the original destroyed.

_____ I agree to provide the Department with contact information where I can be reached, to cooperate fully with any investigation, to promptly respond to the Department inquiries and requests, and to provide new contact information within three (3) days of any change.

_____ I agree to notify the Department of any payment made directly to me by my employer within three (3) days of receipt.

_____ I understand that I am providing information to the Department to determine the merit of my claim and the act of submitting this information does not guarantee that a claim will be opened, or if it is, that wages will be recovered.

ELIGIBILITY

Your claim cannot be pursued if:

- The claim is less than \$125. You may be able to pursue your claim in small claims court.
- The claim more than \$15,000. You may be able to pursue your claim in District Court.
- You are an independent contractor
- You are an owner or partner in the business.
- You have begun private legal action in court.

DATA COLLECTION	
Are you claiming wages for work performed in North Dakota?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a child support judgment against you in North Dakota?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the work you are claiming payment for, performed for a tribal entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your employer withhold taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your employer keep time cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe your employer money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Describe	
Do you currently possess any of your employer's property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Describe	
Were you paid in cash? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did you sign receipts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a request to your employer for the wages you believe are owed? If yes, ATTACH.	<input type="checkbox"/> Yes <input type="checkbox"/> No

ABOUT YOU			
Name (First, Last)			
Mailing Address	City	State	ZIP Code
Email Address			
DO YOU CONSENT TO RECEIVING CORRESPONDENCE EXCLUSIVELY AT THIS EMAIL ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone Number		Alternate Telephone Number	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Pay \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Daily <input type="checkbox"/> Commission <input type="checkbox"/> Other: _____	
Job Title		Time Period for Which You Are Claiming Wages (Mo/Da/Yr - Mo/Da/Yr)	
Date of Hire (MM/DD/YYYY)		Last Day of Employment (MM/DD/YYYY)	
Briefly Describe Your Job			
Are you still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not employed, specify reason <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Other (specify): _____		
Are you represented by an attorney specific to this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide attorney contact information here. Once represented we are required to work through your attorney.			

ABOUT YOUR EMPLOYER

Name of Business as Reported on the North Dakota Secretary of State Website	Business Telephone Number
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Mailing Address on Record with ND Secretary of State (or, for Corporations with headquarters outside of ND, provide the mailing address for the payroll contact):

Address	City	State	ZIP Code
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Business Website

Business Email Address

Business Owner's Name (First, Last)	Business Owner's Telephone Number
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Business Owner's Address	City	State	ZIP Code
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Supervisor's Name (if different)	Supervisor's Telephone Number
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Supervisor's Address	City	State	ZIP Code
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WAGE CLAIM INFORMATION

You may submit a claim for the following reasons:

- 1) you were paid improperly (not paid for time worked, overtime, minimum wage, vacation time, bonus or commission); or
- 2) your employer made an unauthorized deduction from your paycheck.

Complete the following sections only if applicable and attach the records requested below. In order for the Department to accept your claim, you must be specific in your explanation of your claim and attach documentation to support your claim below.

Wages Owed/Final Paycheck/NSF Check

<p>Do you believe your employer failed to pay you for work performed (for example, you did not receive your final paycheck)?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, all questions below required to be answered:

Briefly describe why you believe you are owed wages

Hourly Rate	Amount Claimed
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Hours Worked and Not Paid

<p>Did you punch in/out for your work? ("Did you track your hours?")</p> <input type="checkbox"/> Yes - attach records indicated below <input type="checkbox"/> No - If no, proceed to next question
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Describe your 7-day Work Week Used to Calculate Overtime (for example, Monday through Sunday)

Attach copies of payroll records such as pay stub, work schedule, time cards, and other documentation of basis of pay as applicable, such as trip tickets, per piece rates, etc. If paid with check returned NSF/closed, attach evidence such as returned check or bank statements. Any originals will not be returned.

Overtime Owed

Do you believe you earned, but were not paid overtime wages (for example, you worked over 40 hours in a workweek, yet were not paid overtime rate for hours worked over 40)?

Yes No - If yes, all questions below required to be answered:

Briefly describe why you believe you are owed overtime

Hourly Rate	Amount Claimed
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Hours Worked and Not Paid

Did you punch in/out for your work? ("Did you track your hours?")
 Yes - attach records indicated below No - If no, proceed to next question

Describe your 7-day Work Week Used to Calculate Overtime (for example, Monday through Sunday)

Attach copies of payroll records such as pay stub, work schedule, time cards, and other documentation of basis of pay as applicable, such as trip tickets, per piece rates, etc. Also attach your job description. Any originals will not be returned.

Failure to Pay Minimum Wage

Do you believe you were not paid at least minimum wage for hours worked?

Yes No - If yes, all questions below required to be answered:

Briefly describe why you believe you were not paid minimum wage

Hourly Rate	Amount Claimed
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Hours Worked and Not Paid

Did you punch in/out for your work? ("Did you track your hours?")
 Yes - attach records indicated below No - If no, proceed to next question

Describe your 7-day Work Week Used to Calculate Overtime (for example, Monday through Sunday)

Attach copies of payroll records such as pay stub, work schedule, time cards, and other documentation of basis of pay as applicable, such as trip tickets, per piece rates, etc. Any originals will not be returned.

Bonus or Commission

Do you believe you earned a bonus or commission, but were not paid?

Yes No - If yes, all questions below required to be answered:

Briefly describe why you believe you earned, but were not paid a bonus or commission

Amount Claimed

Attach copies of payroll records such as pay stub, work schedule, time cards, production or sales records, bonus and/or commission plan document, offer letter, employment agreement; company policy relating to bonuses and/or commissions. Any originals will not be returned.

Vacation Pay Owed

Do you believe you have not been properly paid for vacation time (PTO, etc.)

Yes No - If yes, all questions below required to be answered:

Briefly describe why you believe you earned, but were not paid for vacation time

Amount Claimed

Explanation for Amount Claimed (how did you reach this conclusion)?

Attach copies of payroll records such as time sheets and pay stubs showing accrued vacation balance, company policy regarding vacation pay, PTO, etc., and any other documentation supporting your claim. Any originals will not be returned.

Unauthorized Deduction

Do you believe your employer improperly deducted money from your paycheck without your authorization?

Yes No - If yes, all questions below required to be answered:

Briefly describe why you believe your employer improperly deducted money from your paycheck

Amount Claimed

Attach copies of payroll records such as pay stubs showing deduction(s), company policy regarding deductions, written authorizations, and any other documentation relating to deductions. Any originals will not be returned.

Total Amount Claimed (add all sections above)

By typing my name here, I certify that the information I have provided is true and correct, and understand that as set forth in N.D.C.C. 34-14-07, it is a crime to falsify the amount due or to willfully attempt to defraud the employer, and I adopt this as my online signature.

Signature

Date