



# WAGE AND HOUR ADMINISTRATION

## WAGE CLAIM

Filing Instructions  
and  
Application Form



**ALASKA DEPARTMENT OF LABOR  
& WORKFORCE DEVELOPMENT**

Labor Standards & Safety Division

# PLEASE

## Use this checklist. We hope it will help you complete a successful wage claim

- READ ALL INSTRUCTIONS PRIOR TO COMPLETING CLAIM
- COMPLETE THIS CHECKLIST PRIOR TO SENDING CLAIM TO THE NEAREST REGIONAL WAGE AND HOUR OFFICE
- Have you asked for your wages from your current/ex-employer?
- Is your claim for more than \$50.00?
- You did not work/are not working for a public employer?
- Filled out all pages of wage claim to the fullest extent of your knowledge?
- Claim is legible? (**please** print or type)
- All pages required to be signed are signed? (Pages ii, 3 and 5)
- Pages 3 and 5 are signed by both you and a notary?
- All documentation that is relevant to claim is copied & attached to your claim?
- Include your current mailing address and phone number?

**WAGE & HOUR ADMINISTRATION**  
1251 Muldoon Road, Suite 113  
ANCHORAGE, AK 99504-2098  
Phone: (907) 269-4900  
Fax: (907) 269-4915

**WAGE & HOUR ADMINISTRATION**  
P. O. Box 111149  
1111 West 8<sup>th</sup> Street, Suite 302  
JUNEAU, AK 99811-1149  
Phone: (907) 465-4842  
Fax: (907) 465-3584

**WAGE & HOUR ADMINISTRATION**  
675 7TH AVENUE, STATION "J1"  
FAIRBANKS, AK 99701-4596  
Phone: (907) 451-2886  
Fax: (907) 451-2885

✓ **RETURN COMPLETED WAGE CLAIM TO NEAREST REGIONAL OFFICE**

## **HOW TO FILE A WAGE CLAIM**

➤ **PLEASE DO NOT COMPLETE FORMS UNTIL YOU HAVE READ INSTRUCTIONS BELOW** ◀

Fill out the forms on pages 1-7 and return them to this office.

The **next page** (ii) explains how we process claims. **Please read and sign your name at the place provided and return it along with your claim forms.** A copy of your completed wage claim form will be given to you if requested.

Page 1. The Wage Claim Form gives the Department information, details and history about your case. The form must be complete and exact. Type or print in ink (using pencil for addresses). If needed, use extra paper, write on one side only. **PLEASE NOTE**, you are the moving party and carry the initial burden of proof.

Page 2 Calculation Sheet. Fill out to the best of your ability.

Page 3 Statement of Claimant: In your own words, write a statement about your claim. See Item 9, below. **You must sign and date this form before a Notary Public.**

Page 4. Additional room for statement.

Page 5. The Assignment gives the Department of Labor & Workforce Development permission to take legal action and/or collect money on your behalf. Complete the blanks indicated **in ink**. **You must sign and date this form before a Notary Public.**

Pages 6/7. Worksheets to record the hours you worked each day and each week. Be as exact as you can.

### **\*\*\*\*\* HINTS FOR FILLING OUT THESE FORMS \*\*\*\*\***

Please furnish the following:

1. The original of your personal time records;
2. A copy of your hiring agreement;
3. A copy of the company policy that supports your claim, if one exists;
4. Please tell us if your union has helped you with this problem;
5. The question "Occupation when claim occurred?" asks what your job description was at the time of the claim. For example: carpenter, truck driver, clerk, manager, etc.;
6. To claim return transportation, your employer must have furnished or financed your transportation to the place of work;
7. If the claim is for NSF checks, we must have the original NSF check. If you do not have the check, we must have the name of the bank, merchant, etc., who holds the check;
8. We must have a current mailing address for the employer, not just a city. It is sometimes hard for us to locate your employer without your help; and
9. If you believe your claim is complex, you may include a letter using one side per page of paper explaining the claim.

## HOW WE PROCESS WAGE CLAIMS

**Notice to the Employer:** Claims are assigned to investigators on Friday of each week. Once assigned, a notice of claim and demand letter is sent to the employer. Twenty days are allowed for the employer to respond. Depending on the office, it may take many weeks before your claim letter is typed and mailed. Except for claims that are running out due to the Statute of Limitations, each claimant must wait their turn. Once the demand letter is sent, the claim is set for follow-up. Follow-up dates vary with investigator caseloads.

**Informal Meetings:** Both sides will be given a chance to explain their positions and support them with testimony, documents or witnesses. The Investigator will explain the laws and attempt to reach a settlement. If needed, extra time may be granted.

**Court Action:** If an employer will not pay, and if the Department believes the claim has merit, the case may be filed in court. It may take up to two (2) years to resolve a claim in court, depending on the caseloads of the Department of Law and the courts. If the wages and penalties are less than \$20,000, the case may be filed in Small Claims Court. You must be willing to appear and testify in a Department meeting or in court. Failure to appear may result in the Department or the court ruling against you. Failure to keep the Department informed of your current mailing address and phone number might result in the closure of your claim. As the assignee of your claim, the Department is permitted to adjust the amount of your claim if it receives a settlement offer.

**Penalties:** The Department will request penalties if a claim is filed in court. Penalties or damages may be granted by the court.

**Judgments:** Winning in court results in a judgment. However, judgments are hard to collect. You may be asked to assist the Department in finding assets. Therefore, the Department may assign the judgment to you to collect.

**How You Can Help:** Please contact only the investigator in charge of your claim.

Please do not call for updates on your claim until after the 20-day response date. Cases are handled in the order they are filed. Besides wage claims, Wage & Hour must provide many types of support to the public. The Department is not required to accept all wage claims. Acceptance is based up on the cost to the state to enforce the claim, the strength of the proof supporting the claim and other factors. Filing a wage claim with the Department should be your last resort. In most cases, your claim will not be accepted until you make a personal demand for your wages.

**Options:** You may request reassignment of your claim. If the Department finds that an issue of public protection exists, your request to reassign your claim may be denied. You may not pursue an action through a lawyer, or on your own, until the Department reassigns the claim in writing. If your claim is reassigned, you may:

1. file a complaint in Small Claims Court if the amount is less than \$10,000; or
2. hire a lawyer.

### **A REQUEST TO REASSIGN YOUR WAGE CLAIM MUST BE MADE BEFORE THE DEPARTMENT ACCEPTS A SETTLEMENT OFFER.**

I certify that I have read or had the above explained to me and that I understand my rights and duties as outlined.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**PRINT OR TYPE - FILL IN ALL BLANKS AS COMPLETELY AS POSSIBLE.**

**CLAIMANT** Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ Your Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Permanent Contact Name & No. \_\_\_\_\_

Your E-mail address: \_\_\_\_\_

**EMPLOYER**

Name of Business: \_\_\_\_\_ Incorporated? \_\_\_\_\_

Address where employed: \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ (Attach a map or directions if difficult to find)

Company mailing address \_\_\_\_\_ ZIP \_\_\_\_\_

Business Owner: \_\_\_\_\_

**EMPLOYMENT**

Who hired you? \_\_\_\_\_ Phone No. \_\_\_\_\_

Who was your supervisor? \_\_\_\_\_ Phone No. \_\_\_\_\_

City where hired: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Did your employer have 4 or more employees at the time you worked there? \_\_\_\_\_

Your occupation (when employed by this employer) \_\_\_\_\_

Why did this employment end? \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Have you asked for your wages? \_\_\_\_\_ Date \_\_\_\_\_

Employer's reply \_\_\_\_\_

If you were working on a fish processor, were you working outside the 3-mile limit?

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

**WAGE AGREEMENT**

Wage promised when hired? \$ \_\_\_\_\_ per:  hour  Day  week  month  Other \_\_\_\_\_

Room and board provided? \_\_\_\_\_ Rate Charged \$ \_\_\_\_\_ per \_\_\_\_\_

Wage rate at time of termination \$ \_\_\_\_\_

Enter the hours you usually worked daily and weekly (less meal breaks)

S	M	T	W	Th	F	S	WEEKS TOTAL

What is your regularly scheduled payday?  Weekly  Bi-Weekly (i.e., every other Friday)  
 Twice a Month (i.e., 1<sup>st</sup> and 15<sup>th</sup>)  Monthly  Other

Do you have a personal record of your hours? \_\_\_\_\_ (If so, please provide it)

Was your hiring agreement verbal? \_\_\_\_\_ Written? \_\_\_\_\_

Were you working under a union contract on this job? \_\_\_\_\_

Claim Number: \_\_\_\_\_







**ASSIGNMENT OF WAGE CLAIM**

I, \_\_\_\_\_  
(name)

now living at \_\_\_\_\_  
(address)

I, \_\_\_\_\_ do hereby transfer and assign to the State of Alaska, Dept. of Labor & Workforce Development any and all rights, claims, or causes of action under (1) A.S. 23.05.220, such as claim for wages, mechanic's or employee's lien, return of worker's tools, vacation pay or severance pay; under (2) A.S. 23.10.050-150, such as minimum wages, overtime or illegal deductions; or under (3) A. S. 23.10.380, such as return transportation and/or subsistence that I may have arising out of my employment for \_\_\_\_\_  
(employer)

I worked as a \_\_\_\_\_ at \_\_\_\_\_, Alaska, from \_\_\_\_\_, 20\_\_\_\_, to \_\_\_\_\_, 20\_\_\_\_. The amount due (first day worked) (last day worked)  
me is about \$\_\_\_\_\_, plus interest and any penalties or other remedies allowed by law.  
(amount)

I hereby permit the Alaska Department of Labor & Workforce Development, at its own expense, to collect and receive any monies due and owing to me from this employment and to take any and all actions which I might have or could have taken.

I give the Alaska Department of Labor & Workforce Development the power to settle, without my further approval, my wage claim for less than the full value, including interest and penalties. I agree that once the Department reaches a settlement, I forfeit any other chance to collect on my claim. I further agree that any costs or legal fees that may be collected by the Department of Labor and Workforce Development shall become the property of the State of Alaska.

My signature on the Assignment attests that I have read this document and agree fully to its terms.

This Assignment is executed under the authority of A.S. 23.05.060, A.S. 23. 05.140-250, A.S. 23.10.110 and A.S. 23.10.380.

**SIGNED AT** \_\_\_\_\_, **Alaska, this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_.  
(city)

Accepted by  
  
STATE OF ALASKA:  
DEPT. OF LABOR & WORKFORCE DEVELOPMENT  
  
By: \_\_\_\_\_  
Labor Standards & Safety Division

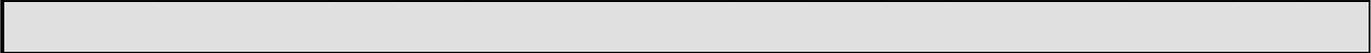
\_\_\_\_\_  
Claimant's Signature  
  
Subscribed and sworn to before me in the place and date above written.  
  
\_\_\_\_\_  
Notary Public in and for Alaska  
  
My commission expires: \_\_\_\_\_

YOUR NAME \_\_\_\_\_ HOURLY RATE OF PAY \_\_\_\_\_

DAY	DATE	HOURS WORKED	ST	OT		DAY	DATE	HOURS WORKED	ST	OT		DAY	DATE	HOURS WORKED	ST	OT
WEEKLY TOTAL						WEEKLY TOTAL						WEEKLY TOTAL				
DAY	DATE	HOURS WORKED	ST	OT		DAY	DATE	HOURS WORKED	ST	OT		DAY	DATE	HOURS WORKED	ST	OT
WEEKLY TOTAL						WEEKLY TOTAL						WEEKLY TOTAL				

YOUR NAME \_\_\_\_\_ HOURLY RATE OF PAY \_\_\_\_\_

DAY	DATE	HOURS WORKED	ST	OT		DAY	DATE	HOURS WORKED	ST	OT		DAY	DATE	HOURS WORKED	ST	OT
WEEKLY TOTAL						WEEKLY TOTAL						WEEKLY TOTAL				



DAY	DATE	HOURS WORKED	ST	OT		DAY	DATE	HOURS WORKED	ST	OT		DAY	DATE	HOURS WORKED	ST	OT
WEEKLY TOTAL						WEEKLY TOTAL						WEEKLY TOTAL				