



**WAGE CLAIM FORM**

Labor Standards Bureau-Wage & Hour Unit

Mailing Address:  
PO BOX 201503  
Helena MT 59620-1503  
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Helena MT 59601  
Telephone: 406-444-5600

Website: [www.mtwagehourbopa.com](http://www.mtwagehourbopa.com)

EMPLOYEE INFORMATION		THIS FORM MUST BE COMPLETED IN ITS ENTIRETY	
LAST NAME, FIRST NAME, MIDDLE INITIAL		LAST 4 SOCIAL	EMAIL ADDRESS:
MAILING ADDRESS: (STREET NUMBER, STREET NAME, PO BOX)		DAYTIME TELEPHONE NUMBER:	
CITY, STATE, ZIP CODE:		CELL PHONE NUMBER:	
PREFERRED MODE OF CONTACT: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL		OCCUPATION/DUTIES FOR WHICH WAGES ARE BEING CLAIMED:	
EMPLOYER INFORMATION			
BUSINESS NAME:		CONTACT NAME:	
BUSINESS ADDRESS: (STREET NUMBER, STREET NAME, PO BOX)		TYPE OF BUSINESS:	
CITY, STATE, ZIP CODE		PHONE NUMBERS: (BUSINESS/CELL)	
MAILING ADDRESS (IF DIFFERENT THAN ABOVE): (ADDRESS, CITY, STATE, ZIP CODE)		EMAIL ADDRESS/WEBSITE OF EMPLOYER:	
STATUS OF BUSINESS:			
<input type="checkbox"/> STILL OPEN <input type="checkbox"/> SOLD <input type="checkbox"/> CLOSED/CEASED OPERATIONS <input type="checkbox"/> BANKRUPT <input type="checkbox"/> OTHER _____			
LIST DATE THAT EMPLOYER CLOSED THE BUSINESS: (MM/DD/YY) _____			
PLEASE ANSWER THE FOLLOWING:		YES	NO
Do you have a wage agreement in writing? If so, please provide a copy.			
Were you hired in Montana?			
Did you perform work for this employer in Montana?			
Have you taken other legal action in the collection of the money referred to in this claim?			
Was your employment covered by a collective bargaining agreement (union contract)? If so, provide copies.			
Have you kept a record of hours worked and wages paid? If so, please provide copies.			

<b>START DATE OF EMPLOYMENT (MM/DD/YY):</b>				<b>LAST DATE WORKED (MM/DD/YY):</b>							
<b>EMPLOYMENT STATUS:</b> <input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF/DISCHARGED <input type="checkbox"/> STILL EMPLOYED				<b>HOW OFTEN WERE YOU PAID?</b> <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY							
<b>LIST YOUR RATE OF PAY:</b>		<b>PER HOUR</b> \$	<b>SALARY</b> \$	<b>COMMISSION</b> \$	<b>PIECE RATE</b> \$	<b>OTHER</b> \$					
<b>TYPE OF CLAIM:</b>	<b>Period of claim</b> MM/DD/YY to MM/DD/YY		<b>Calculate the Amount Claimed for Each Section.</b> Attach Additional Sheets if Needed				<b>AMOUNT CLAIMED</b>				
HOURLY			(EXAMPLE: HOURLY: 80 HOURS X \$10.00/HR= \$800.00)								
SALARY											
COMMISSION											
BONUS											
PIECE RATE											
MINIMUM WAGE											
OVERTIME											
VACATION											
PAID TIME OFF (PTO)											
IMPROPER WITHHOLDING											
PREVAILING WAGE							<b>FOR PREVAILING WAGE CLAIMS, PROVIDE TOTAL # OF DAYS WORKED.</b>				
PREVAILING WAGE FRINGE BENEFITS											
OTHER											
<b>TOTAL GROSS (before tax deductions) AMOUNT CLAIMED:</b>											
<b>***CLAIM WILL BE RETURNED IF NO AMOUNT IS PROVIDED***</b>											

- I affirm this is a true statement of wages due me to the best of my knowledge and belief.
- I authorize the Labor Commissioner's agents to receive, endorse my name on and deposit any checks or money orders obtained as payment on this claim.
- If I do not call for money paid on this claim, I authorize the mailing of it at my own risk.
- If I do not request return of any papers submitted to me in connection with this claim, I authorize the destruction of them after five years.
- I understand that the Labor Commissioner does not assume my claim is valid simply because the claim is accepted for investigation.
- I understand there is no guarantee the Labor Commissioner will be able to collect wages due me.
- I understand the information I file will be provided to the employer even if I am still employed with the employer.
- I understand I may confer with an attorney at any time, including if there is an adverse consequence to me from filing this claim.

\_\_\_\_\_  
Signature of Claimant

**IMPORTANT: By filing this claim with the Wage & Hour Unit, you cannot file for the same thing in a court of law.**

Important information our office must be advised of in writing:

- Any change of name, address, or telephone number – Yours and the Employer's.
- Any payment made directly to you by the employer.
- Withdrawal or settlement of your wage claim.