# Wage Claim Form

**Labor Standards Bureau-Wage & Hour Unit**

**Mailing Address:** PO BOX 201503

**Helena MT 59620-1503**

**Telephone:** 406-444-5600

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

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

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**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.

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**Employee Information**

**Please print legibly in ink.**

**This form must be completed in its entirety.**

<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME, MIDDLE INITIAL</th>
<th>Male</th>
<th>Female</th>
<th>SOCIAL SECURITY NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MAILING ADDRESS:</strong> (STREET NUMBER, STREET NAME, PO BOX)</td>
<td>DAYTIME TELEPHONE NUMBER:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY, STATE, ZIP CODE:</td>
<td>CELL PHONE NUMBER:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMAIL ADDRESS:</td>
<td>OCCUPATION/DUTIES FOR WHICH WAGES ARE BEING CLAIMED:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**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:**

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**Status of Business:**

- [ ] Still Open
- [ ] Sold
- [ ] Closed/Ceased Operations
- [ ] Bankrupt
- [ ] Other

**List date that employer closed the business:** (MM/DD/YY)

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**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.
I HEREBY CERTIFY that this is a true statement of wages due me to the best of my knowledge and belief. I hereby assign all wages and all penalties accruing because of their nonpayment and all liens securing them to the Labor Commissioner of the State of Montana to collect in accordance with law. I authorize the Labor Commissioner and his/her deputies and 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 hereby authorize the mailing of it at my own risk.

I hereby authorize the Labor Commissioner to approve a proposed compromise adjustment or settlement of this claim. In pursuance hereof, I authorize the Labor Commissioner to transfer, sell or assign this claim or any judgment obtained thereon.

If I do not request return of any papers submitted to me in connection with this claim, I hereby authorize the Labor Commissioner to destroy 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 that if I am still employed with this employer, 1) information I file will be provided to the employer, 2) if there is an adverse consequence to me filing this claim, I can confer with an attorney.

State of __________________________
County of _________________________
Subscribed and sworn to before me this _____ day of _____________ 20___
(SEAL)

(Signature of Claimant)

(Signature of Notary)

**NOTE - CLAIM WILL BE RETURNED IF NO AMOUNT IS PROVIDED**

### Type of Claim

<table>
<thead>
<tr>
<th>Period of Claim</th>
<th>Calculate the Amount Claimed for Each Section</th>
<th>Amount Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YY to MM/DD/YY</td>
<td>(EXAMPLE: Hourly= 80 hours x $10.00/hr.)</td>
<td></td>
</tr>
</tbody>
</table>

- HOURLY
- SALARY
- COMMISSIONS/BONUS
- PIECE RATE
- MINIMUM WAGE
- OVERTIME
- PREVAILING WAGE
- IMPROPER WITHHOLDING
- PREVAILING WAGE
- FRINGE BENEFITS
- VACATION/
- PAID TIME OFF (PTO)
- OTHER

**TOTAL GROSS (before tax deductions) AMOUNT CLAIMED:**

$  

- **NOTE** - CLAIM WILL BE RETURNED IF NO AMOUNT IS PROVIDED

START DATE OF EMPLOYMENT (MM/DD/YY):  

LAST DATE WORKED (MM/DD/YY):  

EMPLOYMENT STATUS:  

- QUIT
- LAID OFF/DISCHARGED
- STILL EMPLOYED

HOW OFTEN WERE YOU PAID?  

- WEEKLY
- BI-WEEKLY
- SEMI-MONTHLY
- MONTHLY

LIST YOUR RATE OF PAY.  

<table>
<thead>
<tr>
<th>PER HOUR</th>
<th>SALARY</th>
<th>COMMISSION</th>
<th>PIECE RATE/OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

IF SALARIED, HOW MANY DAYS/HOURS WERE YOU REQUIRED TO WORK EACH WEEK OR PAY PERIOD?

- WEEKLY
- BI-WEEKLY
- SEMI-MONTHLY
- MONTHLY

**STATE**

[STATE]

[STATE]

**COUNTY**

[COUNTY]

Subscribed and sworn to before me this _____ day of _____________ 20___

(SEAL)

(Signature of Notary)