



Montana Department of
LABOR & INDUSTRY
Employment Relations Division

WAGE CLAIM FORM

Labor Standards Bureau-Wage & Hour Unit

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

Physical Address: 1805 Prospect, 2nd Floor W
Helena MT 59601

Website: www.mtwagehourbopa.com

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.

EMPLOYEE INFORMATION PLEASE PRINT LEGIBLY IN INK. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

LAST NAME, FIRST NAME, MIDDLE INITIAL		Male <input type="checkbox"/> Female <input type="checkbox"/>	SOCIAL SECURITY NUMBER:
MAILING ADDRESS: (STREET NUMBER, STREET NAME, PO BOX)		DAYTIME TELEPHONE NUMBER:	
CITY, STATE, ZIP CODE:		CELL PHONE NUMBER:	
EMAIL ADDRESS:	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:

STILL OPEN SOLD CLOSED/CEASED OPERATIONS BANKRUPT 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.		

START DATE OF EMPLOYMENT (MM/DD/YY):			LAST DATE WORKED (MM/DD/YY):		
EMPLOYMENT STATUS: <input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF/DISCHARGED <input type="checkbox"/> STILL EMPLOYED			HOW OFTEN WERE YOU PAID? <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY		
LIST YOUR RATE OF PAY.	PER HOUR \$	SALARY \$	COMMISSION \$	PIECE RATE/OTHER \$	
IF SALARIED, HOW MANY DAYS/HOURS WERE YOU REQUIRED TO WORK EACH WEEK OR PAY PERIOD?					
Type of Claim	Period of Claim MM/DD/YY to MM/DD/YY	Calculate the Amount Claimed for Each Section Attach additional sheets if necessary			Amount Claimed
HOURLY		<i>(EXAMPLE: Hourly= 80 hours x \$10.00/hr.)</i>			
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****					

- 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 _____

(Signature of Claimant)

County of _____

Subscribed and sworn to before me this _____ day of _____ 20____

(SEAL)

(Signature of Notary)

THIS CLAIM WILL NOT BE PROCESSED IF SIGNATURE IS NOT NOTARIZED