Montana Department of LABOR & INDUSTRY

Wage Claim Instructions

By filing this claim with the Department of Labor & Industry, you are electing a remedy which may prevent you from filing a claim elsewhere such as civil or district court. Filing this claim does not guarantee payment or a finding in your favor. Please be sure you have attempted to discuss your wage concerns with the business as communication is often the key in resolving any disputes.

File this claim if:

- You were not able to resolve your wage concerns directly with the business.
- You have not been paid in full for time worked, minimum wage, overtime, commissions, production-based bonuses, tips, or you received a non-sufficient funds payroll check.
- The business did not pay out your earned and unused vacation leave or has a policy to pay out earned and unused paid time off (PTO) upon termination and failed to do so.
- The business withheld wages for damages, shortages, or mistakes.
- The business did not pay you prevailing wages or fringe benefits on a public works project.
- Before filing, did you review the frequently asked questions (FAQ)? https://erd.dli.mt.gov/labor-standards/wage-and-hour-payment-act/wage-and-hour-faq.

The Department of Labor & Industry may not have jurisdiction to process your claim if:

- You filed the claim past 180 days from the delay or default in the payment of wages or past two years for federal overtime claims.
- The business is not located, nor did you perform work, in Montana during the period of the claim.
- You have already filed a lawsuit against the business for the same wage concerns.
- The claim involves concerns requiring intrepretation of a collective bargaining agreement (union contract).
- You performed work as an independent contractor.
- You are claiming expense reimbursements as they are not considered wages and need to be pursued as a civil action.
- You are claiming payment for time not worked, such as severance, holiday, and sick pay (in the private sector).

To ensure your claim is thorough, include:

- Your full name, last four of your SSN, complete and current mailing address, email address, and phone number.
- The complete name, current mailing address, and phone number for the business.
- The dates and totals for each item claimed.
- Copies of documents as evidence, such as, but not limited to, the employment contract, wage agreement, collective bargaining agreement (union contract), written policies/contracts for commissions, bonuses, vacation pay, paid time off, tips, etc., time records, list of hours worked, check stubs, commission statements, and invoices.

Processing your claim:

- Your claim form will be reviewed for completeness and to determine jurisdiction. If your claim is found within the Department of Labor & Industry's authority, the parties involved will be contacted via phone, mail, and/or email to discuss the wage concerns and the process.
- This agency's role is to enforce the wage laws and we do not represent either party. As such, the claim is not valid simply because it is being processed. This administrative process, like a court proceeding, does not guarantee a timeline for completion nor an outcome in your favor.
- We will make every effort to assist in resolving your claim. However, if the claim is disputed, then it will be transferred to an investigator for a thorough investigation which is often a lengthy process.
- The processing of your claim will depend upon the cooperation of all parties involved, complexities of the claim itself, and overall caseload as we attempt to gather and analyze all the information necessary to determine the merits of the claim.
- Please be sure to promptly notify the Department of Labor with any contact information changes, direct payments received, private settlements, or if you need to withdraw your claim.

Montana Department of LABOR & INDUSTRY

Employment Standards Division
PO Box 201503
301 S Park, 4th Floor
Helena, MT 59620-1503

Wage Claim

Send this completed form by mail to the address above or email it to: DLIERDWage@mt.gov. Please be sure to read the instructions prior to filing.

Visit us online at: https://erd.dli.mt.gov/labor-standards/ or call: (406) 444-6543 for additional assistance.

COMPLAINANT INFORMATION

FIRST NAME:	MI:	LAST NAME:		LAST 4 OF SSN:
MAILING ADDRESS:		CITY	STATE	ZIP
EMAIL ADDRESS/ES:		PHONE NUMBER/S:		
PREFERRED METHOD OF CONTACT: ☐ EMAIL ☐ MAIL ☐ PHONE		OCCUPATION/DUTIES FOR WHICH WAGES ARE BEING CLAIMED:		

BUSINESS INFORMATION

BUSINESS NAME:		CONTACT FIRST & LAST NAME | POSITION/TITLE:		
MAILING ADDRESS:		CITY	STATE	ZIP
PHYSICAL ADDRESS:		CITY	STATE	ZIP
EMAIL ADDRESS/ES:		PHONE NUMBER/S:		
STATUS OF BUSINESS: IF CLOSED, DATE OF CLOSURE: ☐ OPEN ☐ SOLD ☐ CLOSED ☐ BANKRUPT ☐ OTHER		TYPE OF BUSINESS:		

JURISDICTION	YES	NO
1. Were you hired by the business in Montana?		
2. Did you perform work for the business in Montana?		
3. Did you deal in interstate commerce for the business? (Interstate trucking, credit card transactions, or mail and/or telephone transactions with other states)		
4. Has either party taken other legal action against the other in relation to the claim?		
5. Was the job position covered by a collective bargaining agreement (union contract)? If yes, you may need to follow your union's grievance procedures if the claim involves interpretation of the agreement.		
6. Did you perform work for the business as an independent contractor?		

PROVIDE COPIES OF THE FOLLOWING DOCUMENTATION ALONG WITH THIS FORM:

☐ Employment contract ☐ Wage agreement ☐ Collective bargaining agreement

☐ Written policies/contracts for commissions, bonus, vacation, paid time off, tips, etc.

☐ Time records ☐ List of hours worked ☐ Check stubs ☐ Commission statements ☐ Invoices

CLAIM INFORMATION	ATTACH A WRITTEN STATEMENT, IF NECESSARY
FIRST DATE WORKED: (MM/DD/YY)	LAST DATE WORKED: (MM/DD/YY)
STATUS OF COMPLAINANT: ☐ QUIT ☐ LAID OFF/DISCHARGED ☐ STILL EMPLOYED	FREQUENCY OF PAYMENTS: ☐ WEEKLY ☐ BI-WEEKLY ☐ SEMI-MONTHLY ☐ MONTHLY

RATE OF PAY:	PER HOUR $	SALARY $	COMMISSION %	PIECE RATE $	OTHER $

DATE THE WORKWEEK BEGAN FOR THE BUSINESS:

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY

TYPE OF CLAIM:	PERIOD OF CLAIM: MM/DD/YY to MM/DD/YY		AMOUNT CLAIMED:	CALCULATE THE AMOUNT CLAIMED FOR EACH SECTION: (EXAMPLE: 80 HOURS X $10.00 PER HOUR = $800.00)
HOURLY			$	
SALARY			$	
COMMISSION			$	
BONUS			$	
PIECE RATE			$	
MINIMUM WAGE			$	
OVERTIME			$	
VACATION			$	
PAID TIME OFF (PTO)			$	
TIPS			$	
IMPROPER WITHHOLDING			$	
PREVAILING WAGE / WAGES			$	PROVIDE TOTAL # OF DAYS WORKED FOR PREVAILING WAGE
PREVAILING WAGE / FRINGE BENEFITS			$	
OTHER (SPECIFY)			$	
TOTAL GROSS AMOUNT CLAIMED: (BEFORE TAX DEDUCTIONS)		$		<<< REQUIRED TO PROCESS CLAIM

I affirm this is a true statement of wages owed to the best of my knowledge and belief.

I understand my claim is not valid simply because it was accepted to be processed.

I understand the Department of Labor & Industry does not represent me nor the business the claim is filed against.

I understand a copy of the information I file with this claim will be provided to the business.

I authorize the destruction of any documents related to this claim after five years.

I understand there is no guarantee the Department of Labor & Industry will be able to collect wages that may be found due.

I authorize the Department of Labor & Industry to receive, endorse my name on, and deposit any checks or money orders obtained as payment on this claim.

I understand I may confer with an attorney at any time, including if there is an adverse consequence to me from filing this claim as the Department of Labor & Industry does not offer legal services nor job protection.

By filing this claim, I understand I cannot file for the same matter in a court of law.

I will notify the Department of Labor & Industry immediately upon receipt of payment for any of the wages in question, if I have privately settled my claim, or need to withdraw my claim.

SIGNATURE OF COMPLAINANT:	DATE: