BUREAU OF LABOR AND INDUSTRIES
Brad Avakian, Commissioner

HOW TO FILE A WAGE CLAIM

READ THIS PAGE BEFORE YOU FILL OUT THE WAGE CLAIM FORM

If you have a wage and hour-related complaint regarding an employer (such as failure to provide rest breaks or meal periods, irregular paydays, failure to provide itemized pay statements, failure to provide timely paychecks upon termination, etc.), and are not claiming unpaid wages, obtain a Complaint Form from any BOLI office or the bureau's website at http://www.oregon.gov/boli/WHD/pages/w_whcomplaint.aspx and return the completed form to the bureau.

1. THE BUREAU WILL ACCEPT YOUR WAGE CLAIM UNLESS:
   - More than 6 months have passed since your date of termination and your claim does not involve minimum wage or overtime*;
   - More than 1 year has passed since the date the violation first occurred and your claim does not involve minimum wage or overtime*;
   - Your claim is for *penalty* wages or expenses only;
   - Your claim is over $10,000 **and** does not involve minimum wage, overtime, or prevailing wage rate;
   - You were self-employed;
   - You were paid on a commission basis and received at least minimum wage for all hours worked;
   - You were a member of a union or collective bargaining unit. (If you were a union member, talk with a Bureau representative before filing a claim);
   - You have already begun private legal action to recover the wages claimed;
   - You have not yet asked your employer for your wages;
   - None of your work was performed in Oregon;
   - The claim is against a business in which you were a partner, an owner or had a direct financial interest;
   - The claim is against a close relative;
   - The claim is against a person you are unwilling to take to court.

   *Exceptions may apply if you were an active military servicemember during this time.

2. IF YOU FILE A WAGE CLAIM:
   - Attach to the wage claim form any evidence, documents or witness statements which support your claim (see reverse side for examples);
   - Complete the attached calendar. YOUR CLAIM WILL BE ACCEPTED ONLY IF YOU COMPLETE THE ATTACHED CALENDAR WITH THE HOURS YOU WORKED AND PROVIDE DOCUMENTS OR WITNESS STATEMENTS SUPPORTING YOUR CLAIM. If you kept personal records or a calendar of your hours worked, please submit a copy of the records or calendar;
   - Report any change of address or phone number to the Bureau (We must be able to contact you to keep your claim open).
   - Report any payments received after filing your claim to any office of the Bureau. (See BOLI website at http://www.oregon.gov/boli/Pages/contact_us.aspx for office contact information or call (971) 673-0761.)

If you have not been paid all wages owed to you upon termination, you may be entitled by law to penalty wages of up to 30 days additional wages. If the Bureau is able to collect the amount of unpaid wages owed, however, the Bureau will not pursue these additional penalty wages. If you are interested in pursuing penalty wages in addition to unpaid wages owed, do not file a wage claim with the Bureau. You **must** take private action through an attorney or Small Claims Court.

If you have a valid claim, we will attempt to recover all wages owed, but collection depends upon your employer's financial ability to pay, business closure, bankruptcy filing or location of money and assets. Once a wage claim is assigned to the Bureau, the Bureau may compromise or adjust any and all wage claim amounts or penalties. For claims under $50 or involving benefits, the Bureau will pursue collection by sending a letter to the employer. If we are unable to collect with this letter, we will take no further action.

The information in this claim may be released to people who request it as required by the public disclosure law.

The Bureau must be objective when investigating wage claims or complaints. You must provide evidence (records, documents, witness statements) which supports your claim (see reverse side for examples). If your claim is accepted, your employer will also be required to submit evidence. The Bureau will evaluate the evidence submitted. Based upon the evidence submitted, the Bureau will decide whether or not a violation of the Wage and Hour laws has occurred. We will proceed with your claim only if the majority of the evidence supports your claim. You will be notified if a conference, hearing, or trial is scheduled. YOUR ATTENDANCE WILL BE REQUIRED.

BUREAU OF LABOR AND INDUSTRIES
Brad Avakian, Commissioner
WAGE AND HOUR DIVISION

EXAMPLES OF EVIDENCE

Evidence in the form of documents or statements must be included with your wage claim. Indicate below which documents you are submitting to support your claim. Return this form with your evidence. The evidence you submit with your wage claim will not be returned to you. Please make copies for your records.

_____ 1. Time Cards

_____ 2. Shift Schedules

_____ 3. Attendance Rosters

_____ 4. Log Books

_____ 5. Personal Time Records*

_____ 6. Payroll Check Stub

_____ 7. Copies of Bad Checks

_____ 8. Other Evidence of Payment of Wages

_____ 9. W-2 Statements or Other Tax Forms

_____ 10. Employee Handbook

_____ 11. Written Wage Agreements

_____ 12. Statements from witnesses, other than a relative, who have direct knowledge regarding the hours worked and the wage agreement (including a daytime telephone number).

_____ 13. Employment Division Job Order

_____ 14. Newspaper Job Advertisement

_____ 15. Any other documents which substantiate your employment

*If you kept personal records or a calendar of your hours worked, please submit a copy of the records or calendar.

BUREAU OF LABOR AND INDUSTRIES
Wage and Hour Division
800 NE Oregon St., Suite 1045
Portland, OR 97232

OFFICE USE ONLY
File # _____
Main File # _____

WAGE CLAIM FORM

Make sure your responses are complete and accurate. If needed, use additional sheets of paper to provide details of your answers. PLEASE PRINT.

1. _____ _____ _____/_____/_____
EMPLOYEE NAME (Last, First, Middle) E-MAIL ADDRESS DATE OF BIRTH

2. _____ _____ _____ _____
ADDRESS: Number and Street City State Zip

3. _____ (____) _____ (____) _____ (____) _____
DRIVER'S LICENSE # HOME PHONE # PERMANENT MESSAGE # CELL PHONE #

4. _____ _____
NAME OF EMPLOYER'S BUSINESS BUSINESS OWNER'S NAME

5. _____ _____ _____ _____
EMPLOYER'S BUSINESS ADDRESS: Number & Street City County Zip

6. (____) _____ _____ _____
BUSINESS PHONE NUMBER TYPE OF BUSINESS NUMBER OF EMPLOYEES

7. STATUS OF EMPLOYER: _____ Bankrupt _____ Business sold _____ Other _____

8. STATUS OF BUSINESS: _____ Still Open _____ Closed on (Date) ____/____/____

9. YOUR FIRST WORKDAY: ____/____/____ YOUR LAST WORKDAY: ____/____/____

10. DATES FOR WHICH YOU HAVE NOT BEEN PAID: FROM: ____/____/____ TO ____/____/____
Make sure these dates match those on the calendar forms.

11. WAS YOUR EMPLOYMENT COVERED BY A UNION CONTRACT? _____ Yes _____ No

12. HAVE YOU TAKEN ACTION ON THIS CLAIM WITH AN ATTORNEY, UNION OR SMALL CLAIMS COURT?
_____Yes _____No

13. EXPLAIN _____

14. THIS CLAIM IS FOR: _____ Regular wages _____ Overtime _____ Both
_____ Benefits
_____ Prevailing wages for work performed on a public works project (If so, please also complete a Prevailing Wage Rate Complaint Form.)

15. DID EMPLOYER AGREE TO PAY OVERTIME: _____ Yes _____ No What was the overtime agreement?
_____

16. WHAT WAS YOUR RATE OF PAY DURING THE TIME CLAIMED? $_____
(Check one) ☐ per hour ☐ per day ☐ per week ☐ per month ☐ per year ☐ per piece
☐Other: _____

17. HOW MANY HOURS A WEEK WAS IT AGREED YOUR SALARY COVERED? _____

(Please complete back of this form.)

If claiming expenses or bonuses in addition to wages, EXPLAIN WHAT YOU ARE CLAIMING AND YOUR METHOD OF CALCULATION ON A SEPARATE PIECE OF PAPER. For example: Mileage: 30 miles @ $.30 per mile=$9.00 in mileage; Bonus: $100 for each car sold, 4 cars sold=$400 bonus.

18. HOW MUCH IN WAGES SHOULD YOU HAVE BEEN PAID (BEFORE TAXES) DURING THE PERIOD IDENTIFIED IN LINE 10? $_____

19. HOW MUCH WERE YOU PAID (BEFORE TAXES) FOR THE PERIOD IDENTIFIED IN LINE 10? $_____

20. HOW MUCH DO YOU BELIEVE YOUR EMPLOYER STILL OWES YOU (#18-#19=#20)? $_____

21. DOLLAR VALUE of non-wage goods, property or services you received from employer: (rent, tools, meals, etc.) $_____

22. WAS ANY OF YOUR WORK PERFORMED IN OREGON? _____ Yes _____ No

23. EXPLAIN WHY YOU BELIEVE YOU ARE STILL OWED WAGES: _____

_____

_____

24. HAVE YOU ASKED YOUR EMPLOYER FOR YOUR WAGES? _____ Yes _____ No

25. EXPLAIN WHY YOUR EMPLOYER HAS FAILED OR REFUSED TO PAY YOUR WAGES: _____

_____

_____

26. GIVE YOUR JOB TITLE AND DESCRIBE YOUR DUTIES DURING THE TIME CLAIMED: (If construction work, state whether the work was on homes or commercial buildings. If the construction work involved a public works project, please ask for a Prevailing Wage Rate complaint form in addition to this form.)

_____

_____

_____

YOUR CLAIM WILL BE ACCEPTED ONLY IF YOU COMPLETE YOUR CALENDAR AND PROVIDE DOCUMENTS OR WITNESS STATEMENTS SUPPORTING YOUR CLAIM. Instructions for completing the calendar are attached.

VACATION AND OTHER BENEFITS: THESE CLAIMS WILL BE PROCESSED WITH ONLY A LETTER.

27. THE TIME PERIOD YOU EARNED THE BENEFITS WAS FROM: ____/____/____ TO ____/____/____

AMOUNT OF BENEFIT CLAIMED: $_____

EXPLAIN HOW THIS AMOUNT IS CALCULATED: _____

_____

28. SIGNATURE: _____ DATE: _____

Return completed wage claim to: Wage and Hour Division
Bureau of Labor and Industries
800 NE Oregon St., Suite 1045
Portland, OR 97232

BUREAU OF LABOR AND INDUSTRIES
BRAD AVAKIAN, COMMISSIONER

ASSIGNMENT OF WAGES

I hereby assign in trust to the Labor Commissioner of the State of Oregon all wages, whether penalty or otherwise, due me from my previous employer, or any other persons legally responsible for the payment of my wages.

By this statement, I authorize the Labor Commissioner to equitably adjust and compromise the amount of wages, whether penalty or otherwise, due me from my previous employer or other persons legally responsible for the payment of my wages.

If the Bureau settles my claim and I receive the amount settled upon, I agree to give up any right I may have to bring suit for additional wages or penalties.

I state that the information submitted with this form is true and accurate to the best of my knowledge. I agree to immediately inform the Bureau if I obtain any payment for the wages claimed herein from the employer or any third party.

(The Bureau can not process your wage claim unless this assignment is signed. Do not sign this document unless you understand the terms of the assignment. For more information, call 971-673-0761.)

_____
Signature of Claimant

_____
Printed Name of Claimant

_____
Date

BUREAU OF LABOR AND INDUSTRIES

INSTRUCTIONS FOR COMPLETING CALENDAR

YOUR CLAIM WILL NOT BE ACCEPTED UNLESS YOU COMPLETE THE CALENDAR.

- Even if you are not paid on an hourly basis, YOU MUST SHOW THE HOURS WORKED.
- The entire period you are claiming MUST be on the calendar forms. If you do not have enough forms, make extra copies BEFORE completing the calendar.
- Include only HOURS ACTUALLY WORKED. If you do not know the hours you actually worked, estimate to the best of your ability. Indicate on the calendar form that your hours are estimates.
- Put the DATES of the month in the SMALL BOXES. (Make sure the dates fall on the same days as shown on the calendar on the back of this form for the periods you are claiming.)
- Put the actual total number of HOURS WORKED, EXCLUDING MEALS, in the LARGE boxes. For example, if you worked 7:00 AM to 4:00 PM with 1 hour off for lunch, you actually worked 8 hours and you would put an "8" in the large box.
- If you are paid on a **PIECE RATE** basis (i.e. by the piece, by the mile, the foot, etc.), include both the number of hours worked AND the number of pieces completed on a daily basis in the large box. (If paid differing rates, include the rates of pay.) **EXAMPLE:**

MONDAY	TUESDAY	WEDNESDAY
3	4	5
9 hours *313 miles*	*8 hours* *40 pieces*	*8 hours* *4 pcs @ $10* *7 pcs @ $11*

- If you are paid at **DIFFERENT RATES OF PAY**, include both the number of hours worked and the rate of pay for each rate. **EXAMPLE**:

MONDAY	TUESDAY	WEDNESDAY
3	4	5
8 hours @ $10.00	*8 hours @ $10.00*	*4 hours @ $10.00* *4 hours @ $10.25*

- After you have completed the calendar forms, total the number of hours worked. Multiply those hours by your rate of pay. You will then have the amount you earned for the period you are claiming. Enter that amount on Line 18 on the back of the wage claim form. On Line 19, enter the gross wages (before deductions for taxes, social security, etc.) that you actually received. Subtract the amount on Line 19 from the amount on Line 18 and enter the result on Line 20. Line 20 is the amount of wages you are claiming.

2015

January '15

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February '15

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March '15

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April '15

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May '15

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June '15

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July '15

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August '15

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September '15

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October '15

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November '15

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December '15

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

2016

January '16

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February '16

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

March '16

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April '16

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May '16

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June '16

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July '16

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August '16

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September '16

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October '16

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November '16

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December '16

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

2017

January '17

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February '17

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March '17

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April '17

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May '17

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June '17

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July '17

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August '17

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September '17

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October '17

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November '17

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December '17

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Month: _____ Year: _____

SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

- **Put the DATES of the month in the SMALL boxes. Make sure the dates fall on the same days of the week as shown on the calendar on the back of the Calendar Instructions.**
- **Put the actual total number of HOURS WORKED, EXCLUDING MEALS, in the LARGE boxes. For example, if you worked 7:00 AM to 4:00 PM with 1 hour off for lunch, you actually worked 8 hours and you would put an "8" in the large box.**

Month: _____ Year: _____

SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

Month: _____ Year: _____

SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

- **Put the DATES of the month in the SMALL boxes. Make sure the dates fall on the same days of the week as shown on the calendar on the back of the Calendar Instructions.**
- **Put the actual total number of HOURS WORKED, EXCLUDING MEALS, in the LARGE boxes. For example, if you worked 7:00 AM to 4:00 PM with 1 hour off for lunch, you actually worked 8 hours and you would put an "8" in the large box.**

Month: _____ Year: _____

SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

Month: _____ Year: _____

SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

- **Put the DATES of the month in the SMALL boxes. Make sure the dates fall on the same days of the week as shown on the calendar on the back of the Calendar Instructions.**
- **Put the actual total number of HOURS WORKED, EXCLUDING MEALS, in the LARGE boxes. For example, if you worked 7:00 AM to 4:00 PM with 1 hour off for lunch, you actually worked 8 hours and you would put an "8" in the large box.**

Month: _____ Year: _____

SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

Month: _____ Year: _____

SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use

- **Put the DATES of the month in the SMALL boxes. Make sure the dates fall on the same days of the week as shown on the calendar on the back of the Calendar Instructions.**
- **Put the actual total number of HOURS WORKED, EXCLUDING MEALS, in the LARGE boxes. For example, if you worked 7:00 AM to 4:00 PM with 1 hour off for lunch, you actually worked 8 hours and you would put an "8" in the large box.**

Month: _____ Year: _____

SUN	MON	TUES	WED	THUR	FRI	SAT	Total Hours	Hours Over 40	Office Use