

**TEXAS WORKFORCE COMMISSION
WAGE CLAIM INFORMATION
TEXAS PAYDAY LAW**

Este formulario está disponible en español

**IMPORTANT! YOUR CLAIM MUST BE SIGNED AND DECLARED AS TRUE UNDER PENALTY OF PERJURY.
YOU MUST FILL OUT THE FORM COMPLETELY.**

INFORMATION YOU SHOULD CONSIDER BEFORE FILING A WAGE CLAIM

IF YOU FEEL YOUR RIGHTS UNDER THE PAYDAY LAW HAVE BEEN VIOLATED, YOU MAY FILE A WRITTEN WAGE CLAIM. YOU SHOULD KNOW THAT A WAGE CLAIM CANNOT BE ACCEPTED IF:

- Your wage claim is **not filled out completely, legibly and accurately, and signed and declared as true under penalty of perjury**. The claim should identify each type of unpaid wage claimed, and how you determined the amount due to you. If there is insufficient information on the wage claim to contact the employer, your claim will be returned or dismissed.
- Your wage claim is **without your signature and a completed declaration that the information is true, under penalty of perjury**.
- You're an **"independent contractor"** and not an "employee" of the business.
(if you are unsure, file a claim and we will determine if you were an independent contractor or an employee)
- You were **employed by a close relative** (such as: mother, grandfather, or father-in-law).
(if you are unsure, file a claim and we will investigate the circumstances)
- Your employer **filed for bankruptcy**.
(if you are unsure, file a claim but you may also need to file proof of claim directly with the Bankruptcy Court)
- You were **employed by the federal government, the state, or a political subdivision of the state**.
- Your wages are subject to a binding **arbitration or collective bargaining agreement or contract**.
(if you are unsure, file a claim and include the agreement or contract and we will investigate the circumstances)
- Your wage claim is **filed later than the 180th day** after the date the unpaid wages were due to be paid. If part of your claim is within 180 days, file only for that part.
- Your wage claim is for subsequent pay periods. You can amend this claim prior to a preliminary wage determination order. **Do not file another wage claim.**
- You file against more than one employer on one claim form for a different pay period.
- Your wage claim is not for wages but for **expenses, reimbursements or automobile allowances**.

MAIL YOUR COMPLETED WAGE CLAIM TO:
Texas Workforce Commission, Labor Law Section
101 East 15th Street, Room 124T
Austin, TX 78778-0001

OR FAX YOUR COMPLETED WAGE CLAIM TO:
1-512-475-3025

Call 1-800-832-9243, 1-512-475-2670, or TDD 1-800-735-2989 (hearing impaired) if you need assistance.

Please attach a copy of your most recent payroll check or stub. For regular hours and overtime hours, please attach a breakdown of the days and hours of work or complete the Wage Claim Form Attachment. If your address or phone number changes, it is your responsibility to **notify Labor Law in writing** immediately. If you cannot be contacted, the likelihood of collecting unpaid wages will be reduced.

Wage problems can often be cleared up by discussing them with your employer. For additional information visit our web site at <http://www.twc.state.tx.us/jobseekers/how-submit-wage-claim-under-texas-payday-law>. Before filing a claim for unpaid wages, you may want to advise your employer that the Texas Payday Law, Title 2, Chapter 61, Texas Labor Code provides that:

1. Your employer must pay you at least once a month if you are not subject to the overtime provisions of the Fair Labor Standards Act. All others must be paid at least semimonthly.
2. If you are absent on payday, you are entitled to be paid at your request on a regular business day.
3. If you leave your work for a reason other than by discharge, you must be paid in full not later than the next regularly scheduled payday.
4. If discharged, you must be paid in full not later than the sixth day after termination.
5. Bonuses or wages paid on a commission basis are due in a timely manner, according to the terms of agreement entered into between employee and employer.
6. You may be entitled to unpaid wages for unused "fringe benefits" (vacation, holiday, sick leave, parental leave, or severance pay), only if your employer provides for these benefits in a written policy or agreement.
7. Your wages may be withheld only if the employer:
 - a. Is ordered to do so by a court;
 - b. Is authorized by state or federal law (e.g. payroll taxes); or
 - c. Has your written authorization to make the deductions.

**TITLE 2, CHAPTER 61, TEXAS LABOR CODE, PROVIDES THAT A PENALTY
MAY BE ASSESSED FOR WAGE CLAIMS BROUGHT IN BAD FAITH.**

Wage Claim

TEXAS WORKFORCE COMMISSION, LABOR LAW SECTION

101 EAST 15TH STREET, AUSTIN, TEXAS 78778-0001

Telephone 1-800-832-9243 or 1-512-475-2670 or TDD 1-800-735-2989 (Hearing Impaired); Fax 1-512-475-3025

www.texasworkforce.org

(PURSUANT TO TITLE 2, CHAPTER 61, TEXAS LABOR CODE)

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PLEASE WRITE CLEARLY IN INK. Note: **Social Security Number is optional**, but failing to include it will delay processing of your claim.

I want TWC to send future correspondence in: English Spanish Quiero que TWC envíe toda futura correspondencia en: Inglés Español

CLAIMANT INFORMATION:					
First Name:		Middle:		Last Name:	
Address:		Apt #:	City:		State: Zip:
Date of Birth (MM/DD/YY): __/__/__	Social Security # (Optional): - -		Phone # Where you can be reached during normal business hours.		Alternate Phone # Where you can be reached during normal business hours.
INFORMATION ABOUT YOUR EMPLOYER:					
Business Name (If incorporated)		Owner's First Name (If sole proprietor or partnership):		Owner's Last Name:	
Owner's Business Address:		Suite #:	City:		State: Zip:
YOUR Work Location (Street Address, City, State, Zip):				Employer's Work Phone #:	
Employer's E-mail or Web Address:					

PLEASE COMPLETE THE FOLLOWING EMPLOYMENT INFORMATION:

- What work did you perform? _____
Beginning date of employment _____
Employment status with this employer: Still employed **Quit date** _____ **Termination date** _____
Reason for separation: _____
- When were your regularly scheduled paydays? _____
What was your rate of pay? (Examples: \$3/hour, \$1,000/month, \$.50/piece, \$2/sq. ft.) _____
What was the agreed work schedule? _____ Hrs. per day, _____ Days per wk, _____ other _____
- Was your compensation agreement Oral Written (**please attach a copy**) _____
- Were the claimed wages earned in Texas? Yes No
If not, was the job contracted in Texas? Yes No
- Were taxes deducted from your paycheck? Yes No
- Is the employer still in business? Yes No
What is the employer's home address and phone number? _____

What is the name and phone number of your supervisor during the period claimed? _____

- Is the employer in bankruptcy?** Yes No Are you in bankruptcy? Yes No
If yes, what is the **bankruptcy filing date**? _____
Chapter: _____ Case No.: _____ Where filed: _____
What is the bankruptcy attorney's name, address, and phone number? _____

- If you are related to the employer, please state the relationship.** _____
- Did the employer give a reason for not paying you? If so, explain: _____

10. Choose the type(s) of unpaid wages below that best describe your claim, and write the **amount of unpaid wages**, listing the gross amount of wages due. **Note: You cannot file for recovery of any type of expenses or reimbursement, since expenses and reimbursements are not wages.**

Regular \$ _____ Commissions \$ _____ *Fringe Benefits \$ _____ Pay Deductions \$ _____

Overtime \$ _____ Unpaid Bonus \$ _____ Pay Below Minimum Wage \$ _____

TOTAL UNPAID WAGES CLAIMED \$ _____

**The only fringe benefits that can be claimed are vacation pay, holiday pay, severance, sick leave, parental leave, paid time off, or paid days off. These benefits cannot be claimed unless provided for in a written agreement or a written policy of the employer.*

11. What was the scheduled payday(s) for these claimed wages? Date(s) _____ Date(s) _____

12. If claiming **regular, overtime, and/or minimum wage**, what were the dates you worked for which you received no wages?

From _____ to _____

Please explain how you determined the amount claimed and provide a breakdown of the days and hours worked. (Example: 20 hours regular pay at \$5 per hour and 5 hours overtime pay at \$7.50 per hour; or Example: 30 items at a piece rate of \$.75 per item). **If available, attach a copy of timecards or timesheets. Use the attachment located on the backside of the instructions to provide a breakdown of the days and hours worked.** _____

13. If claiming **commissions or bonus**, what was the period in which the wages were earned?

From _____ to _____

Are you aware of any agreement to pay commissions or bonus after termination? Yes No

Please explain how you determined the amount due. If available attach information to support your claim, such as written agreement, sales records, check stubs, etc. Use the attachment located on the backside of the instructions to provide a breakdown of commissions or bonus.

14. If claiming a covered **fringe benefit**, please explain which benefit(s) you are claiming and indicate how you determined the amount due. We must obtain a copy of a written policy or agreement providing a payment after separation, **please attach a copy**. Also attach evidence of the amount owed (hours left) such as check stubs or other documents.

15. If claiming **deductions**, did you sign any authorization for deductions other than regular payroll taxes? Yes No

If yes, please explain (**attach a copy**). _____

16. Are you aware of any **agreement** (such as arbitration, collective bargaining agreement, union contract, ERISA, Service Contract Act, etc.) that existed between you and the employer? Yes No If yes, please attach a copy.

17. Additional Comments: _____

I UNDERSTAND THAT I MAY BE ASSESSED AN ADMINISTRATIVE PENALTY IF THIS CLAIM IS FOUND TO BE BROUGHT IN BAD FAITH.

To be considered valid, your Wage Claim **must be completed below and signed as true under penalty of perjury.**

My name is _____, my date of birth is _____
(First) (Middle) (Last) (month/day/year)

and my address is _____, _____, _____, _____, and _____.
(Street) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____,
(Month) (Year)

Declarant (signature)