



Unpaid Wage Claim  
(Pursuant to A.R.S. §23-356)

INDUSTRIAL COMMISSION OF ARIZONA  
LABOR DEPARTMENT  
P O BOX 19070  
PHOENIX, ARIZONA 85005-9070  
PHONE (602) 542-4515

WAGE CLAIM NO: \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_  
(FOR OFFICE USE ONLY)

**PRINT ONLY WITH AN INK PEN:**

<b>Your Name:</b> _____		*Social Security Number: _____		Birth Date: _____	
Address: _____			Apt # _____		e-mail address: _____
City: _____	State: _____	Zip Code: _____	Telephone No. _____	Cell Number: _____	Message Telephone: _____
<b>Name of Business:</b> _____			Telephone No. _____		Type of Business: _____
Address: _____					
City: _____			State: _____		Zip Code: _____
			Suite # _____		Owner's Name: _____
(If available) Owner's Home Address: _____					
Additional Information: (ex: Corporate Name, Additional addresses, phone number's) _____					
Your Job Title: _____ Type of work performed? _____					
Who hired you? _____			Their Title/Position: _____		
Who supervised you? _____			Their Title/Position: _____		
Address where work was done? _____					
Start Date of Employment: _____			Last Date of Employment: _____		
			mm/dd/yy		mm/dd/yy
Your rate of pay: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____					
How often were you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Other _____					
Was wage agreement or contract <input type="checkbox"/> Oral or <input type="checkbox"/> Written, If written (provide copy)					
How were you paid? <input type="checkbox"/> Check <input type="checkbox"/> Cash or <input type="checkbox"/> Other (explain)					
Was the job contracted in Arizona?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Where? _____					
Did you quit?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Why? _____					
Were you discharged?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Why? _____					
Do you owe money to the employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, \$_____ Explain: _____					
Do you have any employer's property?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What? _____					
Did you ask for your wages?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Dates: _____					
Reason given for non-payment of wages? _____					
Is the employer still in business?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did the employer file Bankruptcy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Were you an Independent Contractor?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did your employer withhold taxes?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did the employer keep time cards?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					

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Disclosing your social security number is voluntary. It will assist in the processing of your case. It will also be used by this agency in carrying out its other duties including, but not limited to, proper identification, law enforcement, and claim processing and program administration

Revised 8/2011

↓PLEASE COMPLETE THE APPROPRIATE SECTION(S) THAT APPLY ↓

<b>HOURLY:</b>	(Rate of pay)	Dates: mm/dd/yy	mm/dd/yy
Number of Unpaid Hours	x \$	= \$ _____	

<b>SALARY:</b>	(Salary Rate)	Dates: mm/dd/yy	mm/dd/yy
	Circle one (Days/ Weeks/ Months)		
Number of Unpaid	x \$	= \$ _____	

<b>COMMISSION:</b>	Dates: mm/dd/yy	mm/dd/yy
Percentage %	Gross Sales \$	= \$ _____

<b>PIECE RATE:</b>	Dates: mm/dd/yy	mm/dd/yy
Was job based on completion of work? Yes/No		
Piece Rate: \$	per	= \$ _____

<b>VACATION:</b> Submit a copy of the policy or attach an explanation	Dates: mm/dd/yy	mm/dd/yy
	Circle One (Days/ Hours /Weeks)	(Rate of Pay)
Number of:	x \$	= \$ _____

<b>BONUS:</b>	Dates: mm/dd/yy	mm/dd/yy
Submit a copy of the policy or attach a written explanation		
Enter amount claiming:		= \$ _____

<b>UNAUTHORIZED DEDUCTIONS:</b> Submit copy of paystub	Dates: mm/dd/yy	mm/dd/yy
Why were deductions made?		
Amount		= \$ _____

<b>MILEAGE / NSF CHECK / OR OTHER AMOUNTS:</b>	Dates: mm/dd/yy	mm/dd/yy
Number of miles _____	x _____ ¢	= \$ _____
Total # of NSF Check(s) _____ submit original(s) = \$ _____		
<b>OTHER:</b> (Attached an explanation on a separate sheet of paper) = \$ _____		

**Add all areas listed above & enter TOTAL GROSS amount \$ \_\_\_\_\_**

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IF YOUR WAGE CLAIM IS INCOMPLETE IT MAY BE RETURNED TO YOU; AN INCOMPLETE FORM MAY DELAY THE PROCESS AND NO FURTHER ACTION WILL BE TAKEN.

I hereby certify that this is a true statement to the best of my knowledge. I understand that acceptance of this claim by the Labor Department does not guarantee collections. I authorize the Department to receive any monies due to me and to mail such monies at my own risk (checks will be mailed certified to your address listed on file)

Date: \_\_\_\_\_ Claimant's Signature: \_\_\_\_\_

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Date: \_\_\_\_\_ CSR Signature: \_\_\_\_\_ Office Mail Faxed E-Mail