

Notice of Non-Payment of Earned Wages

You may use this form to notify your employer that you are due payment of earned wages. Please complete the form, print it and retain two (2) copies. Please attach one copy to your Wage Recovery Complaint and keep one copy for your self.

Employer _____

Address _____

City _____ State _____ Zip Code _____

Dear Employer: (Select all that apply)

- I was not paid for some or part of the time
- I was not paid the minimum wage and I should have been
- I was not paid as much as promised
- I was not paid overtime and I should have been
- Unauthorized deductions were taken from my pay
- I worked through breaks
- Other (Please specify) _____

Total Amount of Unpaid Wages: _____

Rate of Pay: _____ Per Hour Per Day Per Week

Dates I worked:

Hours I worked: _____

Kindly mail a check for the total amount of unpaid wages to:

Name _____

Address _____

Apt/Unit # _____

City _____ State _____ Zip Code _____

Sincerely,

Signature

My Job Title

Date _____