

Demand For 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 yourself.

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 as much as promised
- Unauthorized deductions were taken from my pay
- I was not paid the minimum wage and I should have been
- I was not paid overtime and I should have been
- Other (Please Specify) _____

Total Amount of Unpaid Wages _____ Job Title _____

Rate of Pay _____ Per Hour Per Day Per Week

Dates Worked: _____

Hours Worked: _____

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

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Printed Name _____

Signature _____ Date _____