



**Pay Stub Claim Form**  
*Oklahoma Department of Labor*  
 www.labor.ok.gov

Oklahoma Dept of Labor  
 Attn: ESD  
 3017 N Stiles, Suite 100  
 Oklahoma City, OK 73105  
 405-521-6100  
 888-269-5353

Before completing this form **PLEASE READ ALL INSTRUCTIONS** printed on reverse side

1. YOUR NAME	AGE	GENDER	DATE
2. HOME TELEPHONE	CELL#	YOUR EMAIL	
3. YOUR ADDRESS	CITY	STATE	ZIP CODE
4. CLAIM FILED AGAINST (Name of Business)	OWNER/MANAGER	BUSINESS TELEPHONE	
5. BUSINESS ADDRESS	CITY	STATE	ZIP CODE
6. TYPE OF BUSINESS	DESCRIBE WORK PERFORMED		
7. BUSINESS FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, case number:	ARE YOU AN INDEPENDENT CONTRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. ADDRESS WHERE WORK WAS PERFORMED: Street	City	County	
9. WERE TAXES DEDUCTED FROM YOUR CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF EMPLOYMENT	From (MM/DD/YYYY)	To (MM/DD/YYYY)
10. BUSINESS STILL OPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE REGULAR WORKING HOURS SET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. DID YOU AUTHORIZE DEDUCTIONS OTHER THAN REGULAR PAYROLL TAX, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what deductions?			
12. DID YOU RECEIVE A PAY STUB FROM YOUR EMPLOYER OUTLINING AND/OR SHOWING ALL DEDUCTIONS FROM YOUR PAYCHECK? (TAXES, INSURANCE, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
13. WHO HIRED YOU?	WAS EMPLOYMENT AGREEMENT: <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN If written, attach copy to claim form.		
14. HAVE YOU ASKED FOR YOUR PAY STUBS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
15. SALARY OR HOURLY RATE OF PAY (Examples: \$7.25 per hour, 20% commission)	REGULARLY SCHEDULED PAYDAYS Weekly Bi-Weekly Monthly Bi-Monthly Other (specify):		
16. REASON GIVEN BY EMPLOYER FOR NOT PROVIDING PAY STUBS			

**40 O.S. § 165.2, in part**

With each payment of wages earned by such employee, the employer shall issue to such employee a brief itemized statement of any and all deductions therefrom.

Date(s) pay stubs were due (MM/DD/YYYY):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Walk In:  Yes  No FILE DATE: \_\_\_\_\_

FILE NO: \_\_\_\_\_ ID: \_\_\_\_\_

