



**Wage 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  
FAX 405-521-6017

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. ARE YOU A MEMBER OF A UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AWARE OF ANY AGREEMENT SUCH AS ARBITRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. BUSINESS STILL OPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE REGULAR WORKING HOURS SET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. DID YOU AUTHORIZE DEDUCTIONS OTHER THAN REGULAR PAYROLL TAX, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what deductions?			
13. 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			
14. WHO HIRED YOU?	WAS EMPLOYMENT AGREEMENT: <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN If written, attach copy to claim form.		
15. DO YOU HAVE ANY OF THE EMPLOYER'S PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU ASKED FOR YOUR WAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
16. WERE YOU PAID WITH ANY INSUFFICIENT CHECK(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS THE AMOUNT INCLUDED IN TOTAL AMOUNT OF CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
17. SALARY OR HOURLY RATE OF PAY (Examples: \$7.25 per hour, 20% commission)	REGULARLY SCHEDULED PAYDAYS Weekly Bi-Weekly Monthly Bi-Monthly Other (specify):		
18. ARE YOU RELATED TO YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS YOUR RELATIONSHIP?		
19. REASON GIVEN BY EMPLOYER FOR NON-PAYMENT OF WAGES	DO YOU OWE MONEY TO THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
20. HAVE YOU RETAINED AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name, address, and telephone of attorney:			
21. HAVE YOU FILED IN CIVIL COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, case number:			
22. GROSS DOLLAR AMOUNT OF YOUR CLAIM (BEFORE TAXES): (If more than one type of wage is due, fill in each amount <b>AND</b> attach documents)	USE THIS SPACE TO EXPLAIN CLAIM INCLUDING DATES AND AMOUNTS: DATE(S) WAGES WERE DUE (MM/DD/YYYY): _____		
a. \$ _____ REGULAR	_____		
b. \$ _____ COMMISSION	_____		
c. \$ _____ MINIMUM WAGE	_____		
d. \$ _____ BENEFITS	_____		
e. \$ _____ DEDUCTIONS	_____		
f. \$ _____ OVERTIME	_____		
g. \$ _____ MISC.	_____		
\$ _____ <b>TOTAL AMOUNT CLAIMED</b>			

**FOR OFFICE USE ONLY**

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

## Instructions for Filing a Wage Claim Form

The Oklahoma Department of Labor (ODOL) serves as an advocate for Oklahoma's workforce. ODOL labor compliance officers investigate the validity of wage claims and, if warranted, will issue orders demanding payment on behalf of employees. For more information about Oklahoma wage laws, access the ODOL website at [www.labor.ok.gov](http://www.labor.ok.gov).

Please read and follow the instructions below:

- To assist the ODOL process your claim and to expedite our investigation, you **must have asked** your employer for the wages you believe are due you before completing and filing this form with ODOL.
- This form **must be filled in completely**. Be thorough when explaining your claim including all dates related to your claim.
- This claim form **must be signed or it will be returned to you**, causing a delay in processing your claim. **Your electronic (typed) signature on this form is sufficient if submitting by email**. You can personally return or mail your completed claim form and any supporting documents to the office of the Oklahoma Department of Labor (3017 N Stiles Ave, Ste 100 Oklahoma City, OK 73105); fax your completed claim form and any supporting documents to 405-521-6017; or email your completed claim form and any supporting documents to [wageclaims@labor.ok.gov](mailto:wageclaims@labor.ok.gov).
- **EMAIL PROCESS: After completing this form click on the "Submit" in the upper-right corner of the first page, it should automatically load into your email program to be mailed to the Oklahoma Department of Labor. Supporting documents should be attached as PDF documents only. If you are unable to convert your supporting documents into PDF format, or if the amount of supporting documents are too large for your email provider, you may submit them by hand-delivery, mail, or fax. IF SENDING SUPPORTING DOCUMENTS SEPARATE FROM YOUR EMAILED CLAIM PLEASE CLICK THE APPROPRIATE TAB.**

**ADDITIONAL DOCUMENTS WILL BE SUBMITTED (Please check any that apply):**

PERSONALLY     BY MAIL     BY FAX

- Your employer will be notified via Priority Mail of your complaint and must respond in writing to your investigating officer within 15 calendar days of receipt of the claim. This response period may be extended by your investigative officer for good cause. **We must have a valid mailing address for the business you are filing your claim against in order to process your claim.**
- Attach any documents (i.e. time sheets, company policy, prior pay stubs, etc.) if available to avoid any delays in processing time.

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**USE THIS SPACE FOR FURTHER DETAIL IF NECESSARY, OR ATTACH ADDITIONAL INFORMATION:**

PERSON THROUGH WHOM YOU CAN **ALWAYS** BE REACHED:

NAME:

TELEPHONE:

RELATIONSHIP:

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In accordance with 12 O.S. §426,<sup>1</sup> I state, under penalty of perjury, under the laws of the State of Oklahoma that the foregoing wage claim is true and correct.

Date: \_\_\_\_\_

County & City where signed: \_\_\_\_\_

Signature: \_\_\_\_\_

<sup>1</sup>12 O.S. §426 Whenever, under any law of Oklahoma or under any rule, order, or requirement made pursuant to the law of Oklahoma, any matter is required or permitted to be supported, evidenced, established, or proved by the sworn statement, declaration, verification, certificate, oath, or affidavit, in writing of the person making the same (other than a deposition, or any oath of office, or an oath required to be taken before a specified official other than a notary public), the matter may with like force and effect be supported, evidenced, established, or proved by the unsworn statement in writing of the person made and signed under penalty of perjury setting forth the date and place of execution and that it is made under the laws of Oklahoma . . . The signed statement under penalty of perjury shall constitute a legally binding assertion that the contents of the statement to which it refers are true.