

Terry E. Branstad, Governor  
Kim Reynolds, Lt. Governor  
Michael A. Mauro, Labor Commissioner



Smart. Results.

Division of Labor Services

## IMPORTANT - READ CAREFULLY

The Division of Labor Services enforces the Iowa Wage Payment Collection and the Iowa Minimum Wage Laws.

**Enclosed is a Claim for Wages Form you should fill out completely. Be sure to include the amount of the claim, sign, date and return the form to this office.**

Our Address Is: Division of Labor Services  
1000 East Grand Avenue  
Des Moines, Iowa 50319-0209

Your claim will not be accepted if either of the two following items applies to your situation:

- The amount of your claim exceeds \$5,000.00
- The work for which you are seeking payment was not done in Iowa

Under the law, our office may not accept a complaint for unpaid wages after one year from the date the wages became due and payable. Therefore, do not include in your claim any amount that became due and payable prior to one year from the date that you return the enclosed complaint form to our office.

In order for our office to effectively and efficiently investigate your claim, the form must be completed in full and in detail. Also, if you are paid any or all of your wages from your employer after you have returned your Claim for Wages Form, you are required to notify this office within three days of receipt of the payment.

Also, you should be aware, once this office receives and accepts your Claim for Wages Form, a letter will be sent to your employer. In that letter, the employer is given fourteen days to respond with information and documentation. If the employer supplies us with a written response, we will contact you. If the employer fails to respond, we will wait the full fourteen day period before proceeding further or before contacting you.

**VACATION:** If your claim is for vacation pay, be advised that under the Iowa Wage Payment Collection Law, you are entitled only to the vacation pay which is due under the company policy or the agreement with the employer.

**SEVERANCE PAY, PROFIT SHARING OR PENSION PLANS:** If your claim is for severance pay, profit sharing payments or pension plan payments, this office cannot take action on your behalf. Under a decision of the United States Supreme Court, the state law has been preempted. For information on a claim for severance pay, profit sharing payments or pension plan payments due under a company policy or agreement, you should contact the U.S. Department of Labor Pension & Welfare Benefits Administration, 2300 Main St., Suite 1100, Kansas City, MO 64108. The telephone number is (816) 285-1800.

**OVERTIME:** If your claim is for failure to pay overtime under a policy or agreement with the employer, you can include it on the Claim for Wages Form. However, if your claim is for failure to pay overtime you believe may be due to you under federal law, you should contact the U.S. Department of Labor, 210 Walnut, Des Moines, IA 50309. The telephone number is (515) 284-4625.

**\*Please complete the Wage Claim Worksheet on the back of this letter.**

---

Division of Labor Services  
1000 East Grand Avenue • Des Moines, Iowa 50319-0209 • Phone (515) 281-3606 • 800-562-4692 • Fax (515) 281-7995  
[www.iowaworkforce.org/labor](http://www.iowaworkforce.org/labor)

Equal Opportunity Employer/Program  
Auxiliary aids and services are available upon request to individuals with disabilities.  
For deaf and hard of hearing, use Relay 711.



309-6058 10.11

# Wage Claim Worksheet

Docket # \_\_\_\_\_  
(Division of Labor Entry)

Employer: \_\_\_\_\_

Wages or Salary					
Pay Period	Hours Worked	Hourly Wage	Amount Owed	Amount Paid	Amount Unpaid
Totals					

Reimbursement		Illegal Deductions		Other	
Date	Unpaid	Date	Amount	Date	Amount
Total		Total		Total	

Total Claim \$: \_\_\_\_\_

**I certify the above is true according to my best information and belief.**

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

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

# CLAIMFORWAGES

Iowa Workforce Development, Division of Labor  
1000 East Grand Avenue  
Des Moines, IA 50319-0209

Claimant Information				Please fill out all of the information below that applies to you				Employer Information			
Circle One: <b>MR. MS.</b>		First and Last Name		Name of Business							
Personal Address						Business Address					
City			State	Zip Code		City			State	Zip Code	
Date of Birth		Phone Number (IWD can call)				Owner's Name					
E-mail Address						Type of Business			Telephone Number		
Contact information for an individual through whom I can always be contacted						Name and Address of Employer's Bank					
First and Last Name			Telephone Number			Bank Name					
Address						Address					
City			State	Zip Code		City			State	Zip Code	

## Wages Claimed

1. Total amount still owed to you (do not deduct taxes or social security): \_\_\_\_\_

2. My claim includes the following (check the box next to all that apply and provide the necessary information provided for each)

**Minimum Wage**

**Unpaid Wages and/or Salary**

Provide the beginning and ending dates for which wages and/or salary is owed:     /    /     yr to     /    /     yr

Wages: Total number of hours worked and not paid and/or underpaid \_\_\_\_\_ at \$ \_\_\_\_\_ per hour

Salary: Total number of weeks worked and not paid and/or underpaid \_\_\_\_\_ at \$ \_\_\_\_\_ per \_\_\_\_\_

**Unpaid Commissions**

The following percentage should have been received: \_\_\_\_\_ %

Total amount of sales, services, etc. provided but no commissions were received (do not deduct taxes or social security): \_\_\_\_\_

What was the employer's agreement for time of payment? Explain in detail: \_\_\_\_\_

Work for unpaid commissions was performed during the following dates: \_\_\_\_\_

**Illegal Deductions**

An illegal deduction(s) was taken for the following reason(s): \_\_\_\_\_

Deduction was made on the following: Date     /    /     yr OR Pay Period     /    /     yr to     /    /     yr

**Vacation Pay**

What is the employer's policy to pay vacation or personal time off at the end of employment? Explain in detail: \_\_\_\_\_

**Bonus**

Explain in detail: \_\_\_\_\_

**Other**

Claim is not included in the options provided above and/or there is additional information to be included. Explain in detail: \_\_\_\_\_

# Employment Agreement

3. I was hired by: \_\_\_\_\_
4. My direct supervisor was: \_\_\_\_\_
5. Type of work I performed: \_\_\_\_\_
6. Work was performed in Iowa:  Yes  No
7. Starting date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yr
8. Ending date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yr
9. Pay agreement:  Oral  Contract (provide copy)  Written Policy (provide copy)
10. Rate of pay: \_\_\_\_\_ Per:  Hour  Week  Month  Other If Other, explain: \_\_\_\_\_
11. Received pay:  Weekly  Bi-Weekly  Monthly  Other If Other, explain: \_\_\_\_\_
12. Method of payment:  Check  Cash  Other If Other, explain: \_\_\_\_\_
13. Employment was terminated because: I quit  Yes  No I was discharged  Yes  No  
Explain in detail: \_\_\_\_\_
14. I have filed for unemployment insurance since leaving this employer:  Yes  No
15. The employer is still in the same business:  Yes  No If No, explain in detail: \_\_\_\_\_
16. My employer deducted social security and withholding taxes:  Yes  No  
If No, explain in detail reasons why with an attached explanation.
17. I signed authorization for other deductions:  Yes  No  
If Yes, explain in detail and attach an explanation.
18. My employer set regular work hours:  Yes  No
19. I was covered by a union contract:  Yes  No  
If Yes, contact your union representative before filing this claim with the Division of Labor.
20. I have retained an attorney or filed a lawsuit regarding this matter:  Yes  No  
If Yes, do not file this claim until you have discussed it with the attorney and provide the following information about the attorney:
- |                     |              |                                       |
|---------------------|--------------|---------------------------------------|
| _____               | _____        | _____                                 |
| First and Last Name | Phone Number | Name of County where Lawsuit is Filed |
| _____               | _____        | _____                                 |
| Address             | City         | State Zip Code                        |
21. I am willing to testify in court:  Yes  No  
If No, explain in detail: \_\_\_\_\_

**Note: Be sure your social security number is in the top left corner on the front of this form.**

## Affidavit, Assignment, and Notification

I hereby certify, under penalty of perjury, that the information I have provided on this form is true according to my best information and belief.

I assign in trust this claim and all penalties accruing because of non-payment, and liens securing them, to the Labor Commissioner. This assignment shall become effective upon a determination by the Commissioner that I have an enforceable claim. I authorize the Commissioner to settle this claim. I authorize the Commissioner to receive payment for this claim, and authorize such payment to be mailed to me unless I have made a different arrangement with the Commissioner.

I understand that I must cooperate as required by the Commissioner, and it is my responsibility to provide sufficient information to prove the claim due. I understand that there is no guarantee that the Commissioner will accept my claim, and no guarantee that the Commissioner will be able to collect upon it.

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

