







A. Type of Benefit Owed	B. Time Period Benefit Earned	C. Date Benefit Payment Due	D. Amount of Benefit Time Owed	E. Amount of Benefit Payment Due	F. Benefit Promised by:
Ex.: Vacation pay	1/1/16– 12/31/16	1/1/17	1 week	\$700	<input checked="" type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
					<input type="checkbox"/> written policy <input type="checkbox"/> verbal promise
<b>G. Total</b>					

**Part 7. Unpaid Minimum Wage or Overtime Claim**

**Fill in this section** if you were paid below the State Minimum Hourly Wage and/or you were not paid overtime. Most employees must be paid at least the minimum wage and time and ½ if they work more than 60 hours per calendar week.

- 33a. Are you paid the minimum wage for each hour worked?  Yes  No
- 33b. Are you paid time and ½ for the hours worked over 60?  Yes  No
- 33c. Are you paid any wages for the hours worked over 60?  Yes  No 33d. If “Yes,” how much per hour? \_\_\_\_\_
- 33e. Are you paid time and ½ if required to work on your ‘day of rest’?  Yes  No
- 33f. If “No” to any of the above, please explain and fill in the schedule of your work week below:

A. Workday	B. Time Workday Started	C. Time Workday Ended	D. Time off for Meals	E. Total Hours
Example	10:00 am	11:00 pm	30 min	12.5 hours
Sunday	:	:		
Monday	:	:		
Tuesday	:	:		
Wednesday	:	:		
Thursday	:	:		
Friday	:	:		
Saturday	:	:		
<b>F. Weekly Total</b>				

- 34a. Are the hours worked listed above the same every week?  Yes  No
- 34b. If “No,” please provide your estimate of average number of hours worked per week: \_\_\_\_\_
- 34c. Claim Range: What time-period does your minimum wage or overtime claim cover?  
Date from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Part 8. Non-Wage Complaint

Check those that apply if you want to make a non-wage related complaint. Check all that apply. Please explain and provide an additional sheet if needed.

The employer failed to:

35a.  Provide a 30-minute meal period

Were you paid for the time worked when the employer failed to provide the meal period?  Yes  No

35b.  Provide a wage statement (pay stub)

35c.  Provide a day of rest

35d.  Provide payment of employee wages by at least one of these permissible methods: Cash/Check/  
Direct Deposit/Payroll Debit Card (Pay Card) \_\_\_\_\_

35e.  Obtain written employee authorization for payment of wages by Direct Deposit or Payroll Debit Card.  
\_\_\_\_\_

35f.  Provide a termination notice

35g.  Provide a notice of pay rate with all required information \_\_\_\_\_

35h.  Pay wages on time

35i.  Pay wages "on the books"

35j.  Provide for accrual of required New York State Paid Sick Leave \_\_\_\_\_

35k.  Post required notices/Farm Minimum Wage Poster

35l.  Follow rules for employment of minors (under 18)

35m.  Provide accessible drinking water

35n.  Provide toilet and hand washing facilities

35o.  Forced involuntarily to work more than 60 hours in a week

35p.  Other \_\_\_\_\_

## Part 9. Claim Background

36a. Did you ask for your wages?  Yes  No

36b. If "Yes," please explain. Who and when did you ask, and what happened?

## Part 10. Retaliatory Action

37a. Did you complain about this or another labor law violation?  Yes  No

37b. If "Yes," what happened?

37c. Have you and your coworkers faced negative action because you talked about workplace concerns, or have engaged in union organizing activities?  Yes  No

37d. If "Yes", what happened?

37e. Do you now want to file a retaliation complaint against this employer?  Yes  No

**Part 11. Claim Assistance**

38a. Do you have a representative (e.g. private attorney, advocacy group)?  Yes  No

38b. If "Yes," provide name of person or group: \_\_\_\_\_

38c. Has this representative assisted you in filing this claim?  Yes  No

38d. Have you paid, or do you plan to pay, this representative?  Yes  No

38e. Do you want us to speak with this representative about your claim?  Yes  No  
If so, representatives must submit a Letter of Representation (LS 11).

38f. Did anyone, other than the representative, help you fill out this form?  Yes  No

38g. If "Yes." who helped you and why did they help you? \_\_\_\_\_

**Additional Comments/Useful Information:**

**I certify the above information is true to the best of my knowledge, and I am aware there are penalties for making false statements. I authorize the Commissioner of Labor, deputies or agents to receive, endorse my name on, and deposit in the account of the Commissioner of Labor any checks or money orders made out to me as payment on this claim. I will notify the New York State Department of Labor if my contact information changes.**

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date