

OKLAHOMA DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS DIVISION
WAGE & HOUR UNIT

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EMPLOYER'S WAGE CLAIM RESPONSE

Before completing your response, **Read All Instructions** printed on the back of this form.

1. CLAIMANT NAME		EMPLOYER	FILE DATE:	
2. NAME OF BUSINESS:		Telephone:		
3. Business Address:		City	State Zip	
4. Do You Have Workers Comp? Yes () No ()		Contact Email:		
Insurance Carrier	Policy #	Effective	Expires	
5. Federal ID No.	Is the Business Incorporated? Yes () No ()		Annual Dollar Volume:	
6. Company President:		Telephone:		
Address	City	State	Zip	
7. Company Vice President:		Telephone:		
Address	City	State	Zip	
8. Company Secretary/Treasurer:		Telephone:		
Address	City	State	Zip	
9. Service Agent:		Telephone:		
Address	City	State	Zip	
10. Is Claimant Related To Owner/Officer of Business?		If Yes, What is Relationship?		
11. Is Business Still Operating?		Current Number of Employees:		
12. If Business is Closed Has Any Action Been Filed in Bankruptcy Court?		Yes ()	No ()	
Trustee's Name: _____		CASE #: _____		
Trustee's Complete Address: _____				
13. List Other Businesses Operated by Corporation or Owner				
EMPLOYMENT AGREEMENT				
14. Who Hired Claimant?		Date of Hire:		
15. Claimant's Starting Employment Date:		Last Day of Employment:		
16. What Was Agreed pay Period? (Attach Payroll Records)				
17. What Was Agreed Rate of Pay (If more than one type of wage, fill in each amount AND attach supporting documents.)				
\$ _____	REGULAR	<i>Use This Space To Explain</i>		
\$ _____	COMMISSION			
\$ _____	MINIMUM WAGE			_____
\$ _____	BENEFIT			_____
\$ _____	DEDUCTION			_____
\$ _____	OVERTIME			_____
\$ _____	MISC.			_____
\$ _____	TOTAL AMOUNT CLAIMED			

18. Was Agreement Does Claimant Have Any of Your Property? Yes () No ()
 Oral () Written, **attach copy** () If yes, explain: _____

19. Did Claimant Sign Any Documents Authorizing Deductions Other Than Regular Payroll Deductions:
 Yes () No () If yes (**enclose copy**) and explain: _____

20. If Claim is For Hourly Wages or Salary, did Claimant Work Weeks/Day/Hours As Claimed?
 Yes () No () (Attach copies of time cards and other records)
 Explain: _____

21. If Claim is For Holiday, Vacation, Overtime, Severance, Bonuses or Other Similar Advantages of Pay Promised, Do You Have a Policy or Practice of making such payments? Yes () No ()
 (Attach copies of any written policies of agreement) _____

22. Did Claimant Meet Conditions of Such Policies or Practices? Yes () No ()
 Explain: _____

23. Has Claimant Been Paid Any of Wages in Question? Yes () No ()
 If yes, indicate gross amount paid: _____ (Attach copies to verify payment, i.e. certified checks copied front and back)
 Date Paid: _____ Cash () Check () Other, explain () _____

24. What Gross Amount Do You Acknowledge is Owed Claimant?
 _____ (Attach check in that amount made payable to claimant)

NOTE: **If wages are due, payment must be IMMEDIATE in accordance with Title 40 O.S., Section 165.3B. "If any employer fails to pay an employee wages as required under subsection A of this section, such employer shall be additionally liable to the employee for liquidated damages in the amount of two percent (2%) of the unpaid wages for EACH DAY upon which such failure shall continue after the day upon which payment is required; or in the amount EQUAL to the unpaid wages, whichever is smaller..."**

25. State Your Reasons For Not Paying the Amount Alleged by Claimant:

**INSTRUCTIONS FOR FILING
 EMPLOYER WAGE CLAIM RESPONSE**

Pursuant to Title 40 O.S. § 197.7 and 165.7, as an employer in the State of Oklahoma, you are required by law to complete an **Employer's Wage Claim Response Form**. Your response must also include all documentation (i.e., policies, checks, payroll, timecards) with regard to your defense of this claim. Your completed response form must be returned to this department in **writing** within fifteen (15) days of date on accompanying notice.

I HEREBY VERIFY, that this is a true, complete and accurate statement of facts relating to the claim to the best of my knowledge and belief. **I understand that falsification of any information required by this form is a felony and can result in criminal prosecution.**

Date	(Employer's Signature)
	(Employers' Printed Name)
	(Title)
	(Work Address)
	(Work City, State, Zip)
	(Work Phone) (Home Phone)