

Utah State Labor Commission
Wage Claim Unit
160 East 300 South, Third Floor
P.O. Box 146630
Salt Lake City, Utah 84114-6630
Telephone No. 801-530-6801
Fax No. 801-530-6282

Hours: Monday-Thursday 7:00 am to 6:00 pm
Web site: www.laborcommission.utah.gov

PLEASE PRINT IN INK
ALL INFORMATION

WAGE CLAIM INVESTIGATION
PLEASE COMPLETE AND
RETURN TO LABOR COMMISSION

_____)	
Claimant)	Employer's Response
)	
)	Wage Claim No. _____
)	
_____)	
Employer)	

GENERAL INFORMATION

1. What is the name and address of the business?

Name: _____ Tax ID No: _____

Address: _____

City, State & Zip Code _____ Telephone No: (____) _____

2. Is the business incorporated? Yes _____ No _____

3. If yes, Who is the president or Owner?

Name: _____

Address: _____

City, State & Zip Code _____ Telephone No: (____) _____

4. Who is the Registered Agent:

Name: _____

Address: _____

City, State & Zip Code _____ Telephone No: (____) _____

5. Is the business still operating? Yes _____ No _____

6. Has any action been filed in the bankruptcy court? Yes _____ No _____

If yes, give place and date of filing: _____

Case No.: _____ Trustee's Name: _____

7. List other businesses operated by the corporation or owner: _____

EMPLOYMENT AGREEMENT:

1. Who hired the Claimant? _____ Date: _____

2. Claimant's starting date: _____

3. Last date of employment: _____

4. What was the agreed-upon rate of pay? Hourly _____ Weekly _____

Other (Explain) _____

5. Was this agreement: Oral _____ Written _____

6. What were the dates/days of your scheduled paydays? _____

7. Are employees paid by: Check _____ Cash _____ Other (Explain) _____

8. Did you deduct social security and withholding taxes? Yes _____ No _____

9. Did the claimant sign any documents authorizing other deductions? Yes _____ No _____

If yes, explain: _____

10. Does the claimant have any of your property? Yes _____ No _____ If yes, (explain) _____

11. If the claim is for hourly wages or salary, did the claimant work the weeks, days, and/or hours as claimed? Yes _____ No _____ If no, explain the difference and attach copies of time cards and other records to substantiate: _____

12. If the claim is for wages determined by task, piece, commission or other method of calculation, is the claim a correct statement of services performed? Yes _____ No _____ If no, explain the difference and attach copies of records to substantiate: _____

13. If the claim is for vacation pay or other amounts promised the claimant, do you have a policy or practice of making such payments? Yes _____ No _____ PLEASE ATTACH COPIES OF ANY WRITTEN POLICIES OR AGREEMENTS. Did the claimant meet the conditions of such policies or practices? Yes _____ No _____ Explain: _____

14. Has the claimant been paid any of the wages in question? Yes _____ No _____

If yes, indicate gross amount paid: _____ Date paid: _____

Cash _____ Check No. _____ Other (Explain) _____

15. What gross amount do you acknowledge is owed the claimant? _____

16. State your reasons for not paying the amount alleged by the claimant: _____

I UNDERSTAND THAT MY RESPONSE TO THE ABOVE QUESTIONS TOGETHER WITH COPIES OF RECORDS AND DOCUMENTS ATTACHED WILL BE MADE PART OF THE RECORD AND A COPY WILL BE MAILED TO THE CLAIMANT.

I HEREBY CERTIFY THAT THIS IS A COMPLETE, TRUE AND ACCURATE STATEMENT OF THE FACTS RELATING TO THE CLAIM TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date

Employer's Signature

Title