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Topeka, KS 66603-3182

Karin Brownlee, Secretary

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Sam Brownback, Governor

Dear Wage Claimant:

Thank you for contacting the Kansas Department of Labor for help regarding your unpaid wages. Kansas law provides a procedure for our Office of Employment Standards to help you collect your unpaid wages. This letter outlines the steps you must take to collect your unpaid wages.

1. If you have not been paid all of your earned wages, please complete the enclosed "Claim for Wages" form and mail it to the Kansas Department of Labor, Employment Standards, 401 SW Topeka Boulevard, Topeka, KS 66603-3182. A Labor Conciliator will review your claim and contact you to ask more questions if necessary.
2. When your "Claim for Wages" form is complete, your Labor Conciliator will forward a copy of your claim to the employer, requesting that they provide a response within 14 days.
3. If payment is not made by your employer, the Employment Standards office will conduct an investigation pursuant to the Kansas Wage Payment Law (K.S.A. 44-313 et seq.).
4. If your claim cannot be settled through the investigative process, a hearing will be scheduled before a presiding officer and a "Notice of Hearing" will be mailed to you and your employer.
5. If there is a hearing, the presiding officer will decide whether the employer owes the wages and any applicable penalty and interest. If the decision is in your favor, the presiding officer will order the employer to pay your wages.
6. If the employer does not pay as ordered, you may request the Kansas Department of Labor legal staff to enforce the presiding officer's order in court. If you prefer, your private attorney may file the court action at your expense.

The more information you can provide on the claim form, the quicker we can resolve your claim. However, if you don't know the answer and can't get the information or the document requested, complete the rest of the form and submit it.

If you have any questions about this process, please contact our Employment Standards staff at 785-296-4062.

CLAIM FOR WAGES

**PLEASE PRINT: Complete as much information as possible to help us resolve your claim quickly.
Use additional space provided on Page 4 or add more pages if necessary.**

CLAIMANT

1. Ms. _____
Mr. _____
First Name Middle Last Age Social Security Number
2. _____
Mailing Address (Street or PO Box) City State ZIP
3. _____
Home Phone Work Phone Name and Phone Number of Other Contact (Relative, Friend or Neighbor)

YOU MUST notify the Office of Employment Standards if your address or phone number changes.

EMPLOYER WHO OWES WAGES

4. Business Name: _____ Phone No.: _____ Fax No.: _____
5. Mailing Address: Street or PO Box _____ City _____ State _____ ZIP _____
Corporate address if different: Street _____ City _____ State _____ ZIP _____
6. List the name, position and address of all people in supervision who had the authority to make decisions about your pay.
- | Name | Position | Address (street, city, state, ZIP) |
|-------|----------|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
7. Address where work was performed: _____
8. Address where employer maintains payroll and personnel records, if different than above: _____
9. While you were working, was this employer serving as a SUB CONTRACTOR? Yes No
If Yes, name and address of general contractor: _____
10. Employer is: (circle one) PARTNERSHIP CORPORATION INDIVIDUAL PROPRIETORSHIP DON'T KNOW
11. IF THE EMPLOYER IS A CORPORATION, complete the following if you know:
12. Licensed in Kansas? Yes No
- Name of Resident Agent: _____ Address: _____
- Name of President: _____ Address: _____
- Name of Secretary: _____ Address: _____
- Name of Treasurer: _____ Address: _____
- Other Corporate Manager: _____ Address: _____

TERMS OF EMPLOYMENT

13. Did you work under a WRITTEN CONTRACT? Yes No If Yes, ATTACH A COPY if possible.

14. _____
Type of work Your specific job or title mo/day/yr started mo/day/year ended

15. How did employer compute your pay? By the: HOUR WEEK TWO WEEKS MONTH PIECE WORK COMMISSION

16. At the time you earned the unpaid wages, what was your RATE OF PAY? \$ _____

17. How many days in your PAY PERIOD? _____ 18. What was the last day of your pay period? _____ 19. What was your pay day? _____

20. Explain your agreement if you were paid by COMMISSION or PIECEWORK: _____

21. Union Agreement? Yes No If Yes, what is the name and address of local, national, international union? _____
_____ Business agent? _____

22. Are you still working for this employer? Yes No If No: QUIT FIRED LAID-OFF

Explain: _____

WAGES CLAIMED

23. Type of wages claimed: REGULAR PAY OVERTIME VACATION BONUS COMMISSION
 DEDUCTIONS PROFIT SHARING SEVERANCE OTHER _____

24. TOTAL DOLLAR AMOUNT CLAIMED: \$ _____

PERIOD OF TIME FOR WHICH YOU WERE NOT PAID: _____

25. EXPLAIN DETAILS: What did employer promise to pay you that was not paid? How do you calculate the amount owed? Use additional pages if necessary.

26. If witnesses SAW or HEARD conversations or other events that support your claim that the wages were promised but not paid, list them.

Name	Position	Address (street, city, state, ZIP)
Name	Position	Address (street, city, state, ZIP)

27. Did you demand payment? Yes No

28. Did the employer agree to pay part? Yes No If so, how much? \$ _____ Date Paid: _____

29. Did employer pay part of your demand? Yes No If so, how much? \$ _____ Date Paid: _____

30. List each demand. Give the best date you can. If your demand was in writing, ATTACH A COPY with the response if possible.

Date	Name	Position	Address (street, city, state, ZIP)
Date	Name	Position	Address (street, city, state, ZIP)

31. What reason did the employer give for refusing to pay? _____

WILLFUL AND KNOWING VIOLATIONS OF THE WAGE PAYMENT LAW

32. Did anyone in management KNOW that you were entitled to receive the wages but refused to pay? Yes No If Yes, list their names and position. If corporate officers or agents, list each by title.

Date	Name	Position	Address (street, city, state, ZIP)
Date	Name	Position	Address (street, city, state, ZIP)

33. EXPLAIN what conversations, documents and other events convinced you that the above employers KNEW the employer was legally required to pay the wages and WILLFULLY chose not to do so.

ANSWER ONLY IF YOUR CLAIM IS FOR:

34. VACATION PAY: Does employer have a written policy? Yes No If Yes: Attach a copy if possible.
If No: What did the employer tell you in regard to vacation earning and usage including payment at separation of employment? _____

35. SEVERANCE PAY: Did employer have a written policy about severance pay? Yes No If Yes: Attach a copy if possible.
If No: What did employer tell you about severance pay? _____

36. **RELEASE OF INFORMATION:** I do hereby authorize the employees of the Department of Labor to release this information to any person including the employer herein to authenticate and to collect this claim.

37. **TRUTHFULNESS AND ACCURACY:** I do hereby swear or affirm that the foregoing information is the truth, the whole truth and nothing but the truth to the best of my knowledge and belief.

38. Claimant's Signature: _____ 39. Date Signed: _____

