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EMPLOYER'S ANSWER TO CLAIM FOR WAGES

K-ESLR 104 (Rev. 6-12)

MAIL:	Employment Standards 401 SW Topeka Blvd. Topeka, KS 66603-3182
FAX:	(785) 368-6462

CLAIM NUMBER: _____

PLEASE PRINT OR TYPE – COMPLETE ALL THREE PAGES

1. Legal name of business: _____

2. Legal address of business: _____ city: _____ state: _____ ZIP: _____

3. Phone: _____ Fax: _____

Employer's Tax ID Number: _____ KS Unemployment Insurance Tax Number: _____

4. Person in charge: name: _____ title: _____

Residence address: _____ city: _____ state: _____ ZIP: _____

5. Type of business: _____

COMPLETE THE FOLLOWING THAT APPLIES TO YOUR BUSINESS:

6. Employer is: Corporation Partnership Individual Proprietorship Other Association (explain under item 39)

7. **CORPORATION:** Listed with Kansas Secretary of State? YES NO

8. a. In good standing? YES NO b. Forfeited? YES NO Date: _____

9. Date of incorporation: _____ 10. State of incorporation besides Kansas: _____

11. Title and name of corporate officers: _____ Residence: (street, city, state, ZIP)

President: _____

Vice President: _____

Secretary and/or Treasurer: _____

CEO or other Manager: _____

12. **PARTNERSHIP:** FULL LIMITED

13. Names of ALL partners: _____ Residence: (street, city, state, ZIP)

14. **INDIVIDUAL PROPRIETORSHIP:** _____ Residence: (street, city, state, ZIP)

Owner: _____

15. Other manager or foreman: _____

16. Other person in authority: _____

Other person in authority: _____

Employer's Answer to Claim for Wages

K-ESLR 104 (Rev. 6-12)

17. Did the claimant work under a WRITTEN CONTRACT? YES NO If YES, attach a copy.

18. Claimant's job title: _____ 19. Type of work: _____

20. First day (mm/dd/yyyy): _____ 21. Last day (mm/dd/yyyy): _____

22. How did you compute the claimant's pay? Mark one or more.
by the: HOUR WEEK TWO WEEK MONTH PIECE WORK COMMISSION MILEAGE OTHER

23. Claimant's RATE OF PAY: Explain the details if the wages were computed on commission, piece work or any basis other than time:
\$ _____ per _____ Explanation: _____

24. Number of days in claimant's PAY PERIOD: _____ 25. Last day of claimant's PAY PERIOD (day of the week): _____

26. Number of days from last day of PAY PERIOD to PAY DAY: _____ 27. Claimant's regular PAY DAY: _____

28. Is the claimant now working for you? YES NO If NO, was the separation related to the wages claimed? YES NO
If YES, explain: _____

WAGES CLAIMED

30. Are some of the wages claimed DUE and UNPAID? YES NO 31. If YES, how much? \$ _____

32. Are some of the wages claimed DUE and some NOT DUE? YES NO
If YES, how did you compute the difference? Explain in detail:

33. Why did those in authority decide not to pay? Be specific:

Please refer to the CLAIM FOR WAGES document to answer the following questions:

34. What **FACTS** alleged to be true by the claimant do you say are not true? Refer to each of claimant's answers by the NUMBER OF THE QUESTION. Please be very specific. ANY FACT YOU DO NOT DISPUTE MAY BE TAKEN AS TRUE. If necessary, use space under item 39 and additional pages. ATTACH ANY SUPPORTING DOCUMENTATION.

Employer's Answer to Claim for Wages

K-ESLR 104 (Rev. 6-12)

ANSWER ONLY IF RELEVANT TO THE CLAIM:

35. **OFFSET:** Do you claim to have the legal right to withhold the wages claimed? YES NO

If YES, explain the factual details and your legal authority. Answer under item 39.

Did the claimant consent in writing? YES NO If YES, attach a copy.

36. **CASH SHORTAGE:** Did you fail to pay wages due solely because the funds were not available on pay day? YES NO

If YES, on what date did you discover the shortfall? _____

Explain the events that led to the non-payment. Be specific. Answer under item 39.

37. **VACATION PAY:** Is your vacation policy in writing? YES NO If YES, attach a copy.

What does the employer's policy provide about taking pay instead of time off? Answer under item 39.

Does your policy allow cash payment to any employees? YES NO If YES, explain details under item 39.

38. **SEVERANCE PAY:** Do you have a written policy about severance pay? YES NO If YES, attach a copy.

If NO, explain in detail under item 39.

39. **MORE SPACE FOR ANSWERS:** Begin your responses with the number of the question. Attach additional pages if necessary.

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

Employer signature

Phone

Date

Signature of other responsible person providing information

Phone

Date