



**Kansas Department of Labor**  
 Office of Employment Standards  
 401 SW Topeka Blvd. – Topeka KS 66603-3182  
 Telephone 785-296-4062 – Fax 785-368-6462

CLAIM NUMBER: \_\_\_\_\_

# Employer's Answer to Claim for Wages

## EMPLOYER – (please print or type)

1. Legal name of business: \_\_\_\_\_
2. Legal address of business: *street:* \_\_\_\_\_ *city:* \_\_\_\_\_ *state:* \_\_\_\_\_ *zip:* \_\_\_\_\_
3. Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 Employer's Tax ID Number: \_\_\_\_\_ KS Unemployment Insurance Tax Number: \_\_\_\_\_
4. Person in charge: *name:* \_\_\_\_\_ *title:* \_\_\_\_\_  
 Residence: *street:* \_\_\_\_\_ *city:* \_\_\_\_\_ *state:* \_\_\_\_\_ *zip:* \_\_\_\_\_
5. Type of business: \_\_\_\_\_

### COMPLETE THE FOLLOWING THAT APPLIES TO YOUR BUSINESS:

6. Employer is:  Partnership  Corporation  Individual Proprietorship  Other Association (*explain under item 42*)
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 Address: (*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 Address: (*street, city, state, zip*)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. **INDIVIDUAL PROPRIETORSHIP:**      Residence Address: (*street, city, state, zip*)  
 Owner: \_\_\_\_\_
15. Other manager or foreman: \_\_\_\_\_
16. Other person in authority: \_\_\_\_\_  
 Other person in authority: \_\_\_\_\_

# THE CLAIMANT'S WAGE AGREEMENT

*Additional space for answers is located on page 4.*

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: month/day/year \_\_\_\_\_ 21. Last day: month/day/year \_\_\_\_\_
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: S M T W T F S
26. Number of days from last day of PAY PERIOD to PAY DAY: \_\_\_\_\_ 27. Claimant's regular PAY DAY: 1st & 15th / S M T W T F S
28. Is the claimant now working for you?  YES  NO 29. 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. List all the people in authority who joined in the decision not to pay:
34. Why did those in authority decide not to pay? Be specific.

*Additional space for answers is located on page 4.*

**Please refer to the “CLAIM FOR WAGES” document and answer the following questions:**

35. 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 42 and additional pages. ATTACH SUPPORTING DOCUMENTATION.

36. Do you dispute claimant’s statement that the wage payment law requires you to pay the wages claimed?  YES  NO

37. If yes, upon what legal principle do you rely? Be specific.

**ANSWER ONLY IF RELEVANT TO THE CLAIM:**

38. **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 42. Did the claimant consent in writing?  YES  NO If yes, attach a copy. Answer under item 42.

39. **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 42.

40. **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? Does your policy allow cash payment to any employees?  YES  NO If yes, explain details under item 42.

41. **SEVERANCE PAY:** Do you have a written policy about severance pay?  YES  NO If yes, attach a copy. If your policy is not in writing, explain in detail under item 42.

42. MORE SPACE FOR ANSWERS: Please begin with the NUMBER OF THE QUESTION:

**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.

\_\_\_\_\_  
Signature of the Employer

\_\_\_\_\_  
Direct Phone Number

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Other Responsible Person Providing Information

\_\_\_\_\_  
Direct Phone Number

\_\_\_\_\_  
Date of Signature