Employment Standards
401 SW Topeka Blvd.
Topeka, KS 66603-3182

Kansas
Department of Labor

phone: (785) 296-5000, x1068
fax: (785) 368-6462
KDOL.EmploymentStandards@ks.gov
www.dol.ks.gov

Ryan C. Wright, Acting Secretary

Laura Kelly, 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 Blvd., 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 all of the answers and can't get the information or the document requested, complete as much information as possible and submit the form.

If you have any questions about this process, contact Employment Standards at 785-296-5000, x1068.

KANSAS DEPARTMENT OF LABOR
www.dol.ks.gov

CLAIM FOR WAGES

K-ESLR 105 (Rev. 9-20)

MAIL: Employment Standards
401 SW Topeka Blvd.
Topeka, KS 66603-3182

FAX: (785) 368-6462

EMAIL: KDOL.EmploymentStandards@ks.gov

Submit

PLEASE PRINT: Complete as much information as possible to help us resolve your claim quickly. Add additional information 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. _____ Cell Phone _____ Email _____ 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:_____ Fax:_____

5. Mailing Address: Street or PO Box_____ City_____ State_____ ZIP_____

   Email:_____

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: (select one) ☐ PARTNERSHIP ☐ CORPORATION ☐ INDIVIDUAL PROPRIETORSHIP ☐ DON'T KNOW

TERMS OF EMPLOYMENT

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

12. _____ Type of work _____ Your specific job or title _____ MM/DD/YYYY started _____ MM/DD/YYYY ended

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

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

15. How many days in your PAY PERIOD?_____ 16. What was the last day of your pay period?_____ 17. What was your pay day?_____

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

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

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

Explain:_____

WAGES CLAIMED

21. Type of wages claimed: ☐ REGULAR PAY ☐ OVERTIME ☐ VACATION ☐ BONUS ☐ COMMISSION

☐ DEDUCTIONS ☐ PROFIT SHARING ☐ SEVERANCE ☐ OTHER _____

22. **TOTAL DOLLAR AMOUNT CLAIMED:** $_____

PERIOD OF TIME FOR WHICH YOU WERE NOT PAID: _____

23. EXPLAIN DETAILS: What did employer promise to pay you that was not paid? How do you calculate the amount owed? Use additional space under iteem 29 if necessary.

ANSWER ONLY IF YOUR CLAIM IS FOR:

24. 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?

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25. **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.

26. **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.

27. Claimant's Signature:_____ 28. Date Signed:_____

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