

**TEXAS WORKFORCE COMMISSION  
WAGE CLAIM INFORMATION  
TEXAS PAYDAY LAW**

**IMPORTANT! YOUR CLAIM MUST BE SIGNED AND DECLARED AS TRUE UNDER PENALTY OF PERJURY.  
YOU MUST FILL OUT THE FORM COMPLETELY.**

**INFORMATION YOU SHOULD CONSIDER BEFORE FILING A WAGE CLAIM**

Wage problems can often be cleared up by discussing them with your employer. Before filing a claim for unpaid wages, you may want to advise your employer that the Texas Payday Law, Title 2, Chapter 61, Texas Labor Code provides that:

1. Your employer must pay you at least once a month if you are not subject to the overtime provisions of the Fair Labor Standards Act. All others must be paid at least semimonthly.
2. If you are absent on payday, you are entitled to be paid at your request on a regular business day.
3. If you leave your work for a reason other than by discharge, you must be paid in full not later than the next regularly scheduled payday.
4. If discharged, you must be paid in full not later than the sixth day after termination.
5. Bonuses or wages paid on a commission basis are due in a timely manner, according to the terms of agreement entered into between employee and employer.
6. You may be entitled to unpaid wages for unused "fringe benefits" (vacation, holiday, sick leave, parental leave, or severance pay), only if your employer provides for these benefits in a written policy or agreement.
7. Your wages may be withheld only if the employer:
  - a. Is ordered to do so by a court;
  - b. Is authorized by state or federal law (e.g. payroll taxes); or
  - c. Has your written authorization to make the deductions.

**IF YOU FEEL YOUR RIGHTS UNDER THE PAYDAY LAW HAVE BEEN VIOLATED, YOU MAY FILE A WRITTEN WAGE CLAIM. YOU SHOULD KNOW THAT A WAGE CLAIM CANNOT BE ACCEPTED IF:**

- Your wage claim is **not filled out completely, legibly and accurately, and signed and declared as true under penalty of perjury**. The claim should identify each type of unpaid wage claimed, and how you determined the amount due to you. If there is insufficient information on the wage claim to contact the employer, your claim will be dismissed.
- Your wage claim is **without your signature and a completed declaration that the information is true, under penalty of perjury**.
- You acted as an **"independent contractor"** and not as an "employee" of the business.  
*(if you are unsure, file a claim and we will determine if you were an independent contractor or an employee)*
- You were **employed by a close relative** (such as: mother, grandfather, or father-in-law).  
*(if you are unsure, file a claim and we will investigate the circumstances)*
- Your employer **filed for bankruptcy**.  
*(if you are unsure, file a claim but you may also need to file proof of claim directly with the Bankruptcy Court)*
- You were **employed by the federal government, the state, or a political subdivision of the state**.
- Your wage claim is **filed later than the 180th day** after the date the unpaid wages were due to be paid. If part of your claim is within 180 days, file only for that part.
- You file against more than one employer on one claim form. Use separate wage claim forms for filing against each employer.

**MAIL YOUR COMPLETED WAGE CLAIM TO:**  
Texas Workforce Commission, Labor Law Section  
101 East 15th Street, Room 124T  
Austin, TX 78778-0001

**OR**

**FAX YOUR COMPLETED WAGE CLAIM TO:**  
1-512-475-3025

**Call 1-800-832-9243, 1-512-475-2670, or TDD 1-800-735-2989 (hearing impaired) if you need assistance.**

**Please attach a copy of your most recent payroll check or stub. For regular hours and overtime hours, please attach a breakdown of the days and hours of work or complete the attached timesheet.** If your address or phone number changes, it is your responsibility to **notify Labor Law in writing** immediately. If you cannot be contacted, the likelihood of collecting unpaid wages will be reduced.

**TITLE 2, CHAPTER 61, TEXAS LABOR CODE, PROVIDES THAT A PENALTY  
MAY BE ASSESSED FOR WAGE CLAIMS BROUGHT IN BAD FAITH.**

Wage claim form attachment

**Question #14 Hours Worked per Week breakdown**

Instructions:

**Enter** the date of the starting day of the first workweek

**Enter** the start time for the first day on the time card

- Enter the starting hour in the Hour column
- Enter the minutes in the Min column
- Enter AM or PM in the AM/PM column

Example: If you started working at 8:30am enter;

Hour	Min	AM/PM
8	30	AM

**Enter** the stop time for any break or lunch period in the Stop Time section; following the example above

**Enter** the start time when returning to work from any break or lunch period in the Start Time 2 section

**Enter** the ending time in the Quit Time section

**Enter** the total number of hours worked for the date

**Enter** the total number of hours worked for the entire workweek

Week 1	Start Time			Stop Time			Start Time 2			Quit Time			Hours Worked
	Hour	Min	AM/PM	Hour	Min	AM/PM	Hour	Min	AM/PM	Hour	Min	AM/PM	
<b>Total weekly Hours</b>													

Week 2	Start Time			Stop Time			Start Time 2			Quit Time			Hours Worked
	Hour	Min	AM/PM	Hour	Min	AM/PM	Hour	Min	AM/PM	Hour	Min	AM/PM	
<b>Total weekly Hours</b>													

**Question #15 & 16 Commission or Bonus breakdown**

Please include supporting information and a breakdown for commission or bonus.

(Example: customers/sales/accounts X commission/bonus rate = commission or bonus due on a sale)

Please include supporting information for mileage, such as log sheets or city-to-city trips.

**If you need additional spreadsheets, please make copies.**

# Wage Claim

## TEXAS WORKFORCE COMMISSION, LABOR LAW SECTION

101 EAST 15TH STREET, AUSTIN, TEXAS 78778-0001

Telephone 1-800-832-9243 or 1-512-475-2670 or TDD 1-800-735-2989 (Hearing Impaired); Fax 1-512-475-3025

(PURSUANT TO TITLE 2, CHAPTER 61, TEXAS LABOR CODE)

PLEASE WRITE CLEARLY IN INK. Note: **Social Security Number is optional**, but failing to include it will delay processing of your claim.

**CLAIMANT INFORMATION:**

Your Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_

Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_\_  
(MM DD YY)

Current Work or Cell Phone \_\_\_\_\_

**INFORMATION ABOUT YOUR EMPLOYER:**

Business Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Work Location \_\_\_\_\_  
\_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING EMPLOYMENT INFORMATION:

1. What work did you perform? \_\_\_\_\_
  2. Beginning date of employment \_\_\_\_\_  
Employment status with this employer:  Still employed  Quit date \_\_\_\_\_  Termination date \_\_\_\_\_  
Reason for separation: \_\_\_\_\_
  3. When were your regularly scheduled paydays? \_\_\_\_\_  
What was your rate of pay? (Examples: \$3/hour, \$1,000/month, \$.50/piece, \$2/sq. ft.) \_\_\_\_\_  
What was the agreed work schedule? \_\_\_\_\_ Hrs./day, \_\_\_\_\_ Days/wk, \_\_\_\_\_ other \_\_\_\_\_
  4. Was your compensation agreement  Oral  Written (**please attach a copy**)
  5. Were the claimed wages earned in Texas?  Yes  No  
If not, was the job contracted in Texas?  Yes  No
  6. Were taxes deducted from your paycheck?  Yes  No
  7. Is the employer still in business?  Yes  No  
What are the employer's home address and phone number? \_\_\_\_\_  
\_\_\_\_\_
  8. **Is the employer in bankruptcy?**  Yes  No
  9. What were the name and phone number of your supervisor during the period claimed? \_\_\_\_\_  
\_\_\_\_\_
  10. If you are related to the employer, please state the relationship. \_\_\_\_\_
  11. Did the employer give a reason for not paying you? If so, explain: \_\_\_\_\_  
\_\_\_\_\_
  12. Choose the type(s) of unpaid wages below that best describe your claim, and write the **amount of unpaid wages**, listing the gross amount of wages due. Note: You cannot file for recovery of any type of expenses, since expenses are not wages.  
Regular \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_ \* Fringe Benefits \$ \_\_\_\_\_ Pay Deductions \$ \_\_\_\_\_  
Overtime \$ \_\_\_\_\_ Unpaid Bonus \$ \_\_\_\_\_ Pay Below Minimum Wage \$ \_\_\_\_\_
- TOTAL UNPAID WAGES CLAIMED \$ \_\_\_\_\_**

\* The only fringe benefits that can be claimed are vacation pay, holiday pay, severance, sick leave, parental leave, paid time off, or paid days off. These benefits cannot be claimed unless provided for in a written agreement or a written policy of the employer.

13. What was the scheduled payday(s) for these claimed wages? Date(s) \_\_\_\_\_
14. If claiming **regular, overtime, and/or minimum wage**, what were the dates you worked for which you received no wages?  
 From \_\_\_\_\_ to \_\_\_\_\_. Please explain how you determined each amount claimed. (Example: 20 hours regular pay at \$5 per hour and 5 hours overtime pay at \$7.50 per hour. Example: 30 items at a piece rate of \$.75 per item). \_\_\_\_\_  
 Please attach the check stubs or earnings statement. \_\_\_\_\_
15. If claiming **commission**, what was the period in which the wages were earned?  
 From \_\_\_\_\_ to \_\_\_\_\_. Indicate how you determined the amount due (**attach information to support your claim, such as sales records, check stubs, etc.**). \_\_\_\_\_
16. If claiming a **bonus**, was the bonus a part of your employment agreement or a casual gift? \_\_\_\_\_  
 If based on performance, what was the period in which the bonus was earned?  
 From \_\_\_\_\_ to \_\_\_\_\_.  
 Please furnish details of the bonus (**include a copy**). \_\_\_\_\_
17. If claiming a covered **fringe benefit**, please explain which benefit(s) you are claiming and why you are entitled to the wages. Please indicate how you determined the amount due and **attach a copy** of the employer's written agreement or policy concerning the type of fringe benefits(s) claimed. \_\_\_\_\_
18. If claiming **deductions**, did you sign any authorization for deductions other than regular payroll taxes?  Yes  No  
 If yes, please explain (**attach a copy**). \_\_\_\_\_
19. Are you in **bankruptcy**?  Yes  No If yes, what is your **bankruptcy filing date**? \_\_\_\_\_  
 Chapter: \_\_\_\_\_ Case No: \_\_\_\_\_ Where filed: \_\_\_\_\_  
 What are your bankruptcy attorney's name, address, and phone number? \_\_\_\_\_
20. Are you aware of any **agreement** (such as arbitration, collective bargaining agreement, union contract, ERISA, Service Contract Act, etc.) that existed between you and the employer?  Yes  No  
 If yes, please attach a copy of the agreement. \_\_\_\_\_
21. Additional Comments: \_\_\_\_\_

**I UNDERSTAND THAT I MAY BE ASSESSED AN ADMINISTRATIVE PENALTY IF THIS CLAIM IS FOUND TO BE BROUGHT IN BAD FAITH.**

To be considered valid, your Wage Claim **must be completed below and signed as true under penalty of perjury.**

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_  
 (First) (Middle) (Last) (month/day/year)

and my address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_  
 (Street) (City) (State) (Zip Code) (Country)

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_,  
 (Month) (Year)

\_\_\_\_\_  
**Declarant (signature)**