

# Online Wage Claim

## How to Use the Online Wage Claim Application

*Texas Workforce Commission  
Wage and Hour Department*

# How to File a Wage Claim

## By Completing an Online Form

**Step 1:** Go to the [Online Wage Claim](#)

**Step 2:** Logon to the Texas Wage Claim application by entering your User ID and password. New users must create a User ID.

**Step 3:** Select “Start New Wage Claim” and complete the online form. Use this tutorial for help completing the online form. Make sure you complete and submit all requested information.

**Step 4:** After submitting the online form, you will be able to print a cover page. Use this cover page when faxing or mailing any supporting documents.

## By Faxing or Mailing a Paper Form

**Step 1:** Download a [Wage Claim form \(PDF\)](#)

You can type your information directly on the form or print the form and complete it by hand.

You can also get a Wage Claim form at a Workforce Solutions office.

**Step 2:** Complete the form. Make sure you sign the form. See the How to File a Wage Claim on Paper tutorial for help using the paper form.

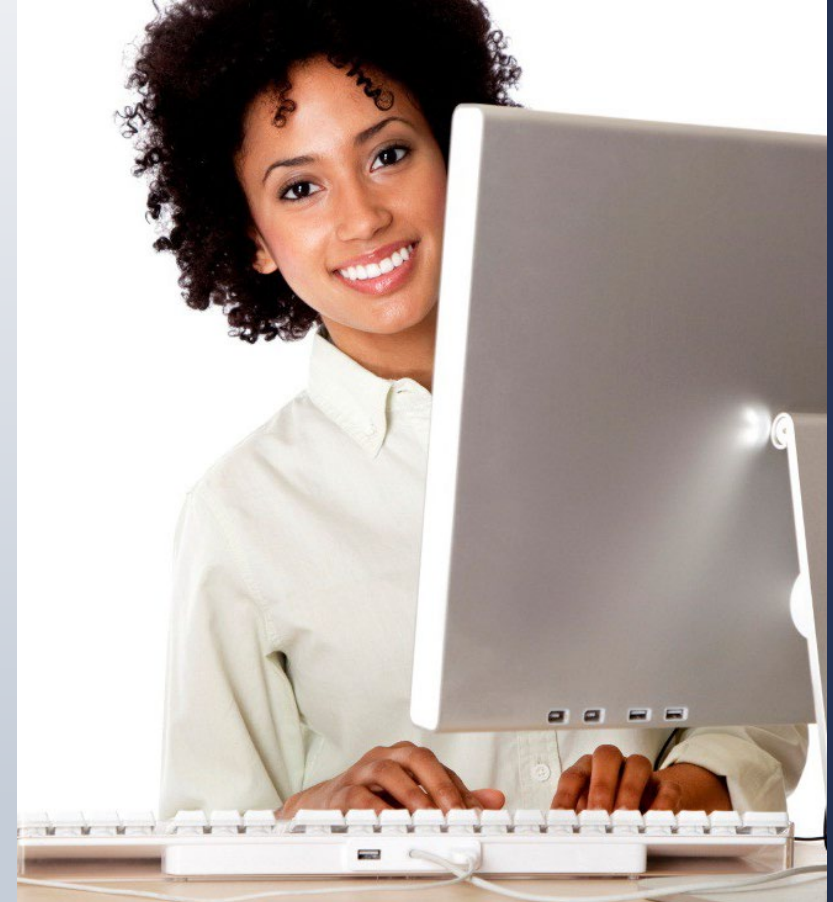
**Step 3:** Print the form and mail or fax to TWC, along with any supporting documents.

# Completing a Payday Wage Claim Online

Go to the [Online Wage Claim](#) application

- You will need a User ID and Password to use the online Wage Claim system.
- If this is your first time using the Wage Claim system, you must “Sign in for User ID” to get started.
- If you already have a User ID, sign in to view old wage claims or file a new one.

You must have Internet Explorer 11, Google Chrome 60, Firefox 51, or Safari 10 or higher to use this application.



# Necessary Information

When completing the Payday Wage Claim, you'll need:

- Information about your employer, such as business name and address, phone number, and the address where you worked.
- The amount of unpaid wages and how you calculated this amount.
- The specific dates you worked and were not paid.

Make sure do the following:

- Fill out each page as completely as possible.
- Complete the final page certifying the information is true and correct and digitally sign the claim before submitting it.
- Mail or fax any documentation to help support your claim.





## Your wage claim may be delayed if...

- The claim is not complete and detailed. Include each type of unpaid wages and how you determined the amount you are owed.
- There is not enough information to contact your employer.
- You were not an “employee” of the business. If unsure of your employment status, file a claim and TWC will decide if you were an independent contractor or employee.
- You were employed by a close relative such as your mother, grandfather, or father-in-law. If you are unsure, file a claim and TWC will investigate.
- The employer filed for bankruptcy. You can file a claim for owed wages in bankruptcy court. If you don’t know, file a claim and TWC will investigate.
- You were employed by a federal, state, or local governmental agency such as a school district. You may be able to file a claim with the US Department of Labor (USDOL).
- Your wage claim is filed later than 180 days after the date the unpaid wages were due to be paid. You may be able to file a claim with USDOL.
- You file against more than one employer on one claim. File a separate wage claim for each employer.

# Logon to the Online Application

---

- Logon to the Wage Claim Application

Or

- Sign up for a new User ID

## Logon

\*indicates required information

**User ID\***

**Password\***

[Logon](#) [New User?](#) [Sign Up for User ID](#)

[Forgot User ID?](#) [Forgot Password?](#)

# Sign Up for a New User ID

- To set up a User ID, you must provide your full name, email address, and create a unique User ID and Password.
- You must set up the security questions and provide an email address so, if needed, you can reset your password.
- Providing your e-mail address will also allow us to send a notice if your claim is about to be purged due to inactivity.

Sign Up for User ID

\*Indicates required information

### Personal Information

First Name\*

Middle Initial

Last Name\*

Email Address\*

(Entering your email address will help you retrieve your logon information if you forget it later. [Get Free Email Account](#).)

### Logon Information

User ID\*

(6-32 characters)

Password\*

(8 to 32 characters, including at least one each: uppercase, lowercase, number, and special character)

➤Eight Characters long  
➤One uppercase letter

➤One Lowercase Letter  
➤One number

➤One special character (~!@#%&\* )

Retype Password\*

### Security Information

# Home Page

---

From the Home page, select the button for “Submit New Wage Claim” to start your claim.





# Saving Your Work

If needed, you can save your work, exit the application, and return later to complete the wage claim.

However, the wage claim must be completed and submitted within 14 days of the date you started the claim.

If you do not complete the claim within 14 days, an e-mail will be sent as a reminder. You must provide an email address to receive this notice.

It is important to provide complete and accurate information so, take your time and complete all the information requested.

# Navigation

There are five pages of information to complete:


- Claimant Information
- Employer Information
- Employment Information
- Wage Information
- Additional Wage Information

Each page must be completed in the order listed. If you forget something, you can go back to any of the previous pages using the links in the 'Steps' Section on the left side of each page.

# Claimant Information

## Tell Us About Yourself:

- Complete the Claimant Information page with information about you.
- We need this information so we can contact you about your claim.

<b>First Name*</b>			
<input type="text" value="JOHN"/>			
<b>Middle Initial</b>			
<input type="text" value="M"/>			
<b>Last Name*</b>			
<input type="text" value="DOE"/>			
<b>Email Address</b>			
<input type="text" value="jdoe@anywhere.com"/>			
<b>Social Security Number (optional)</b>			
<input type="text" value="XXX-XX-XXXX"/>			
<b>Date of Birth</b>			
<input type="text" value="MM/DD/YYYY"/> 			
<b>Address*</b>		<b>Suite/Apt No</b>	
<input type="text"/>		<input type="text"/>	
<b>City*</b>	<b>State*</b>	<b>Zip*</b>	<b>Zip+4</b>
<input type="text"/>	<input type="text" value="Choose One"/>	<input type="text"/>	<input type="text"/>

# Employer Information

## Tell Us About Your Employer:

Complete the Employer Information page so we can contact your employer. You should provide:

- Whether the employer is still in business.
- Your employer's home address and phone number, if known.
- Your supervisor's name and phone number.
- Whether your employer is in bankruptcy.
- If in bankruptcy, include the Chapter & Case number, where filed, and the bankruptcy attorney's contact information, if known.
- Your relationship to the employer, if applicable.
- The reason the employer gave for not paying you.

Business Name (If Incorporated)

Owner's First Name (If sole proprietor or partnership)

Owner's Last Name

Address\* Suite/Apt No

City\* State\* Zip\* Zip+4

# Addresses

## **Standardized Address:**

When entering an address, the system may give you a suggestion on how the address should be written, according to the U.S. Post Office guidelines.

You may accept the suggested changes or continue with how you entered the address.

## ***Addresses outside the United States:***

If you worked in the state of Texas or for a Texas company but are now living outside the United States, or if the company you worked for has offices outside the United States, you may need to enter a foreign address.

There are two lines for the address and one for the city where you can enter the information you need.

Enter “Texas” in the State field and enter “77777” in the Zip Code/Postal Code field.




Put the full foreign address in the Additional Comments section on the Additional Wage Information Page.

# Employment Information

## Tell Us About Your Employment:

You should provide:

- Type of work / Job title
- Date you **started** working (MM/DD/YYYY)
- Whether you are still working OR separated. If no longer working, enter the date you separated (MM/DD/YYYY)
- Reason you are no longer working
- Scheduled paydays (1st workday of the month OR the 1st and 15th of the month? Other?)
- Pay rate – How much and how often were you paid (Hourly? By the Mile? Salary?)
- Work schedule (Hours per day, Days per week, or other schedule)
- Whether you worked in Texas
- Whether taxes were deducted

<b>Begin Date of employment</b>
<input type="text" value="MM/DD/YYYY"/> 
<b>Employment Status</b>
<input type="text" value="Choose One"/> ▼
<b>Quit Date/Date of Termination</b>
<input type="text" value="MM/DD/YYYY"/> 
<b>Reason for Separation</b>
<input type="text"/>
<b>Regularly Scheduled Paydays</b> 
<input type="text"/>

# Wages Information

## Tell Us About Your Unpaid Wages:

You should provide:

- The **gross amount** of wages owed for each of the types listed.
- The **total amount** of unpaid wages claimed will calculate automatically.

Note: Expenses, per diem, and fuel reimbursements are not wages and TWC is not able to rule on those typed of claims.

You should also provide:

- The scheduled payday for the unpaid wages (Date you expected to be paid).
- The dates you worked for which you received no wages.

Regular Wages	<input type="text" value="\$00.00"/>
Overtime	<input type="text" value="\$00.00"/>
Unpaid Bonus	<input type="text" value="\$00.00"/>
Commissions	<input type="text" value="\$00.00"/>
Fringe Benefits(Vacation, Sick, Holiday, Severance, Personal Time Off(PTO) or Parental Leave Pay)	<input type="text" value="\$00.00"/>
Pay Deductions	<input type="text" value="\$00.00"/>
Pay Below Minimum Wage	<input type="text" value="\$00.00"/>
Total Unpaid Wages Claimed	<input type="text" value="\$00.00"/>

# Additional Wages Information

## Tell Us About Your Unpaid Wages:

You should provide:

- **Commission/Bonus:** The date wages were earned (MM/DD/YYYY) and how you calculated the amount due
- **Fringe Benefit:** The type of benefit claimed and how you calculated the amount due
- **Deductions:** Whether you signed an authorization for deductions

**Forward any documentation to help support your claim.**

You should explain how you calculated the amounts claimed.

If claiming Commission or Bonus, provide a copy of the employment agreement and supporting documentation.

Dates worked without receiving wages\*

MM/DD/YYYY to MM/DD/YYYY (optional)

Please explain how you determined the amount claimed and provide a breakdown of the days and hours worked. (Example: 20 hours regular pay at \$5 per hour and 5 hours overtime pay at \$7.50 per hour; or Example: 30 items at a piece rate of \$.75 per item). If available, attach a copy of timecards or timesheets. If a copy your timecards or timesheets is not available, please complete the Hours Worked Per Day fields displayed at the end of the page.

If claiming commissions or bonus, what was the period in which the wages were earned?

MM/DD/YYYY to MM/DD/YYYY

Are you aware of any agreement to pay commissions or bonus after termination?

Yes  No

Please explain how you determined the amount due. If available attach information to support your claim, such as written agreement, sales records, check, stubs, etc. Please attach a copy after submitting your application of supporting information and mathematical computation for commission or bonus. (Example: customers/sales/accounts X (multiplied by) commission/bonus rate = commission or bonus due on a sale.



# Dates and Hours Worked

## Tell Us About Your Unpaid Wages:

At the bottom of the Additional Wages Information Page, you should provide:

- The beginning date of the workweek for each day worked (MM/DD/YYYY)
- The time you started work and when you stopped working. Include break or lunch.
- The number of hours worked each day
- The total hours worked each week

You can add more sections as needed, up to 26 weeks.



Hours Worked Per Day					
Date(mm/dd/yyyy)	Start Time (AM/PM)	Stop Time (AM/PM)	Start Time 2 (AM/PM)	Quit Time (AM/PM)	Hours Worked
MM/DD/YY	05:00 AM	05:00 AM	05:00 AM	05:00 AM	00:00
MM/DD/YYYY	05:00 AM	05:00 AM	05:00 AM	05:00 AM	00:00
MM/DD/YYYY	05:00 AM	05:00 AM	05:00 AM	05:00 AM	00:00
MM/DD/YYYY	05:00 AM	05:00 AM	05:00 AM	05:00 AM	00:00
MM/DD/YYYY	05:00 AM	05:00 AM	05:00 AM	05:00 AM	00:00
MM/DD/YYYY	05:00 AM	05:00 AM	05:00 AM	05:00 AM	00:00
MM/DD/YYYY	05:00 AM	05:00 AM	05:00 AM	05:00 AM	00:00
MM/DD/YYYY	05:00 AM	05:00 AM	05:00 AM	05:00 AM	00:00
Total Weekly Hours For Week 1:					00:00



# Wage Claim Submission

**User Agreement**

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 (First)\* (Middle Initial) (Last)\* ,my date of birth is (month/date/year)\*  
MM/DD/YYYY

and my address is (Street address)\* (City)\* (State)\* (Zip Code)\* (Country)\*  
Choose One Choose One

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

Executed in (County)\* ,State of (State)\* ,on (month/date/year)\*  
Choose One MM/DD/YYYY

BY CHECKING THIS BOX, ENTERING MY TYPED NAME BELOW, AND SUBMITTING THIS WAGE CLAIM FROM, I DECLARED UNDER PENALTY OF PERJURY THAT THE ENTRIES ON THIS WAGE CLAIM FORM ARE TRUE AND CORRECT.

Declarant (signature)\*  
(Full Name)

## Review and Acknowledge:

Review the information you entered and correct any mistakes. You must complete this page and sign it for your wage claim to be accepted.

Sign by typing your full name where it says “Declarant.” Completing this section indicates your information is true and correct.

*Chapter 61 Texas Labor Law Code provides that a penalty may be assessed against employers that act in bad faith in not paying wages. The same penalty can be assessed for wage claims brought in bad faith.*

## You should provide:

- Your full name
- Your date of birth (MM/DD/YYYY)
- Your complete address
- County and State where you completed this form
- Date signed (MM/DD/YYYY)
- Your signature





# Need Help?

Questions or to amend your claim: 800-832-WAGE (9243) or 512-475-2670

TDD for the hearing impaired: 800-735-2989

For more information: [Texas Payday Law](#)