



New York State Department of Labor
Division of Labor Standards

Claim for Unpaid Wage Supplements

Answer all questions on both sides. Print clearly.
Send to: NYS Dept. of Labor,
Division of Labor Standards, Bldg. 12, Rm. 185C,
State Office Campus, Albany NY 12240

For office use only		S
Identification number		
Refer to wage claim ID no., if any		
Taken by		

Section 198-c (3) of the New York State Labor Law excludes from wage supplement coverage those persons in an administrative, executive or professional capacity whose earnings exceed \$900 gross per week

Note: You must have asked for the supplements due before we can help you.

1. Your full name <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		3. Social Security number	
2. Your address Apt. no. City, town or village County Zip code		4. (Area code) phone number Day () Evening ()	
5. Claim against (trade name of employer)		6. Corporation name, if any	
7. Address of main office or headquarters of firm City, town or village County Zip code		8. (Area code) phone number ()	
9. Names and addresses of responsible persons of firm			
10. Kind of business firm engaged in		11. Is the firm still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. What was your work or occupation with this firm?		13. Address where you worked Zip code	
14. Date hired	15. Name and position of person who hired you	16. Name of superintendent, manager or foreman	
17. Latest agreed rate of pay (per hour, per week, per day)	18. Last day worked	19. Status with firm <input type="checkbox"/> I quit <input type="checkbox"/> I was discharged <input type="checkbox"/> I was temporarily laid off <input type="checkbox"/> I am still employed	20. Reason for quitting, discharge, or layoff
21. Were you a member of any union when employed by this firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," give name, local no., address, zip code and telephone no. of union	
22. Have you asked your union for assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," what action has the union taken?	

Before answering question 24, first fill out the back of this form to help you figure payments due

23. Name and address of employer's bank Zip code		24. Total amount of payment due \$	
25. Did you request these benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Date of request	27. To whom was the request made?	
28. Did the employer refuse to pay these benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," give employer's reason for refusal	
29. Were any payments due you paid by checks returned not honored? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," submit photo copies of check(s)		30. How were wages paid? <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other (explain)	

Any false statements knowingly made are punishable as a Class A misdemeanor (Section 210.45, the New York State Penal Law). I affirm that the above statements are true.

I authorize the Commissioner of Labor, deputies or agents to receive, endorse my name on, and deposit in the account of the Commissioner of Labor any checks or money orders made out to me as payment on this claim.

_____ _____
Claimant's signature Date

See Reverse

31. Supplement claimed	32. Period involved	33. Date payments due and payable	34. Amount claimed
<input type="checkbox"/> Holiday pay			
<input type="checkbox"/> Vacation pay			
<input type="checkbox"/> Sick pay			
<input type="checkbox"/> Health insurance <input type="checkbox"/> Hospital <input type="checkbox"/> Medical - surgical			
<input type="checkbox"/> Bonus			
<input type="checkbox"/> Expenses			
<input type="checkbox"/> Other (specify)			

35. Total amount claimed \$

36. Did this employer previously pay this type of benefit to you? Yes No
 A. For what period? _____ Amount \$ _____
 B. Who paid the benefits? Employer Union Other (explain; e.g., Blue Cross, HIP)

37. What kind of agreement covers this benefit? If based upon a written document, attach a copy.
 Company policy Oral Written (specify, e.g., employee handbook, letter)
 Union contract Other (explain)

38. What are the terms of agreement (eligibility requirements) for this benefit?

39. Include any additional information below