ILLINOIS DEPARTMENT OF LABOR

Fair Labor Standards Division

160 N. LaSalle Street -Suite C-1300

Chicago, Illinois 60601-3150

Telephone: 312-793-2800 http://labor.illinois.gov

INSTRUCTIONS FOR WAGE CLAIM & MINIMUM WAGE COMPLAINT FORM

WAGE CLAIM:

For unpaid wages, vacation pay, bonus, commissions or if you believe your employer has made illegal deductions from your pay, proceed to complete both the General Information AND Section 1 of this form only. You may submit the form by email to **DOL.WAGES@illinois.gov**

MINIMUM WAGE/OVER TIME:

The minimum wage for hourly and non-exempt workers in the state of Illinois is \$14.00. Overtime is all time worked over 40 hours in a scheduled workweek for hourly and nonexempt workers. For minimum wage and/or overtime claims, proceed to complete both General Information AND Section 2 of this form only. You may submit the form by email to **DOL.MWOT@illinois.gov**

If you are filing a wage claim AND a minimum wage/overtime claim, please complete both Sections 1 and 2.

To be able to proceed with your WAGE CLAIM, please follow these steps to complete your application:



Please be aware that the complaint must be filed within one (1) year after wages, final compensation, or wage supplements were due.

- Print your answers clearly and complete the form where applicable.
- Sign and date the application.
- Make at least three (3) copies of the claim application and ALL THE ATTACHMENTS.
 - Provide one (1) signed copy of the claim application WITH ALL THE ATTACHMENTS to the Illinois Department of Labor.
 - Please keep one signed copy for your records and keep at least one signed copy for serving documents to the employer. Be advised that any document that a party intends to introduce as evidence during an investigation by the Department should be served by the party on the other party. You may use the "Certificate of Service" found at <u>https://labor.illinois.gov/content/dam/soi/en/web/idol/certificate-of-service.pdf</u> at a Department of Labor hearing as (rebuttable) evidence that you had delivered documents to the other party. IDOL will not provide copies of any of your documents (other than the Wage Claim application) to any party.
- Provide the **correct name and address** of your employer. If the employer is a corporation or Limited Liability Corporation (LLC), you can search the Secretary of State website to verify the employer's address at http://www.ilsos.gov/corporatellc/. This is a public site for locating companies in Illinois. If you do not have access to Internet, you can visit your local public library.
- You must provide an address where both the Department and opposing party (Employer) may serve you documents. It does not need to be your home address but should be an address to where legal documents may be sent and an address that you will check regularly.
- If you wish to expedite the process, the Department suggests that you provide an email address where documents can be served to you by the Department as well as the opposing party.
- If applicable, provide the name, address, and phone number of the attorney or community representative that helped you complete the form.
- You must update the Department in writing immediately if you have a change of address, phone number or email. If the Department recovers money on your behalf, we need your current address in order to send you your check.
- Do not submit any personal information, such as Social Security numbers, driver license numbers and bank or medical information. Redact or block out this information from the documents you submit.

- If you believe you are owed wages:
 - Attach one (1) <u>copy</u> of paychecks, paycheck stubs, W2's, 1099's or any other documentation, such as emails or letters, that is relevant to your claim. **DO NOT SUBMIT ORIGINALS**.
- If you believe you are owed vacation pay:
 - Attach one (1) <u>copy</u> of the vacation policy or an explanation of the vacation policy, plus W2's, 1099's, paycheck stubs or any other documentation, such as emails or letters, that is relevant to your claim.
 DO NOT SUBMIT ORIGINALS.
- If you believe you are owed a **bonus**:
 - Attach one (1) <u>copy</u> of the bonus agreement or an explanation of the policy plus W2's, 1099's, paycheck stubs or any other documentation, such as emails or letters, that is relevant to your claim. **DO NOT SUBMIT ORIGINALS.**
- If you believe you are owed a **commission payment**:
 - Attach one (1) <u>copy</u> of the commission agreement or an explanation of the policy plus W2's, 1099's, paycheck stubs or any other documentation, such as emails or letters, that is relevant to your claim. **DO NOT SUBMIT ORIGINALS.**
- If you believe your employer has illegally deducted money from your pay:
 - Attach one (1) <u>copy</u> of the documentation that shows the deduction (Examples: paycheck stubs or a letter authorizing the deduction) or any other documentation, such as emails or letter, that is relevant to your claim.
 DO NOT SUBMIT ORIGINALS.
- Submit your completed application and documentation to the Illinois Department of Labor in person, by email at <u>DOL.Wages@illinois.gov</u> or by U.S. mail at 160 N. LaSalle Street, Suite C-1300, Chicago, IL 60601-3150.

To be able to proceed with your MINIMUM WAGE and/or OVERTIME claim, please follow these steps to complete your application:

- Print or type your answers.
- Sign and date the application.
- Make at least 2 copies of the claim application and ALL THE ATTACHMENTS.
 - Provide one (1) signed copy of the claim application WITH ALL THE ATTACHMENTS to the Department of Labor.
 - Please keep one (1) copy for your records.
- Verify that you are providing the correct name and address of your employer. You can search the Secretary of State
 website to verify the employer's address at http://www.ilsos.gov/corporatellc/. This is a public site for locating
 companies in Illinois. If you do not have access to Internet, you can visit your local public library.
- If applicable, provide the name, address and phone number of the attorney or community representative that helped you complete the form.
- You must update the Illinois Department of Labor in writing immediately if you have a change of address, phone number or email. If the Department recovers money on your behalf we need your current address in order to send you your check.
- Don't submit any personal information, as Social Security or driver license numbers, medical or bank information. Please block out or redact this information from the documents you submit.
- If your claim is exclusively for minimum wage and overtime violations, you may choose to remain anonymous by selecting the option on Section 2 of the application. However, your name will be revealed if you also filed a Wage Claim against the employer, or the employer paid you in cash and/or did not keep time records, or if you are no longer working for the employer named in this complaint.
- Submit your completed application and documentation to the Illinois Department of Labor in person, by email at <u>DOL.MWOT@Illinois.gov</u> or by mail at 160 N. LaSalle Street, Suite C-1300, Chicago IL 60601-3150

Additionally:

Your name and address will be revealed to your employer if you are claiming unpaid wages, vacation, bonuses, commissions, or illegal deductions.

- Please be aware that if you complete both Section 1 and Section 2 of the application, this will result in two separate complaints filed and reviewed by different sections of the Fair Labor Standards Division. In this case you will need to provide to the Department two complete copies of all the documentation.
- Claims filed under Section 1 will be reviewed by the Wage Claim Section and claims filed under Section 2 will be reviewed by the Compliance Section. Two separate investigators will be assigned to your claims: a Wage Claim Specialist for Section 1 (Wage Claims), and a Compliance Officer for Section 2 (Minimum Wage and Overtime Claims).



Illinois Department of Labor

CLAIMANT INFORMATION

160 N. LaSalle, Suite C-1300 Chicago IL 60601-3150 Telephone #: (312) 793-2800 http://labor.illinois.gov Office use only

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Claim #

UNPAID WAGES CLAIM AND MINIMUM WAGE/OVERTIME CLAIM

For unpaid wages, vacation pay, bonus, commissions or if you believe your employer has made illegal deductions from your pay, proceed to complete both the General Information AND Section 1 of this form only. You can submit the form by email to **DOL.WAGES@illinois.gov**

For unpaid minimum wages (\$14.00 in the State of Illinois for hourly and non exempt workers) and unpaid overtime (all time worked over 40 hours in a schedule work week), proceed to complete both General Information AND Section 2 of this form only. You can submit the form by email to **DOL.MWOT@illinois.gov**

GENERAL INFORMATION

EMPLOYER INFORMATION

| (Last Name) | (First Nam | e) | (Middle Name) | Business N | lame | | | | | |
|--|------------------------------|----------------|---------------------|--|----------------------------|-----------------|-----------|-----------|---------|--|
| (Street Address) (This will be released to the Employer) | | | | | Business Owner(s) name(s) | | | | | |
| (City) | (State) | (Zip code) | (County) | (Street Add | ress) | | | | | |
| (Primary phone #) (Secondary phone #) Email Address: | | | | (City) (State) (Zip code) (County) Business Phone: | | | | | | |
| (very important) | | | | Who is responsible for issuing pay? (Personnel/HR Manager) | | | | | | |
| I authorize service of documents by E-mail: Yes No | | | | | President's Email Address: | | | | | |
| 1) Date of hire: | | 2) L | ast day worked: | | 3 |) Still workir | g there? | Yes | No | |
| 4) Did you perform the | e work in Illinois? | Yes N | lo | 5) Did you a | Iso perform the v | work in othe | r states? | Yes | No | |
| 6) Did you sign an em | ployment contract | or agreement? | Yes Please atta | ^{ach} No | Rate of P | ay: Ho | urly Bi | weekly | Other | |
| 7) Were you in a union? Yes ^{Please attach} No Name and Local: | | | | | | | | | | |
| 8) Has the company f | iled for Bankrupto | y OR made a | n Assignment for Be | enefit for Cre | ditors? Ye | S Please attach | No | | | |
| 9) Is the company still | open? Yes | No | | 10 |) Is this a tempor | ary staffing a | agency? | Yes | No | |
| 11) If applicable, name | of your attorney or | representative | 2 | F | Phone: | Email: | | | | |
| 12) If applicable, name of person who prepared this form: | | | | | ^o hone: | Email: | | | | |
| 12(a) Can we contact this person in relation to your claim? | | | | | | | | | | |
| 12(a) Can we contact this person in relation to your claim? Yes No Is this claim for: Regular Time Overtime Minimum Wage Violations | | | | | | | | | | |
| | FOR TRANSLATORS/INTERPRETERS | | | | | | | | | |
| 13) Do you need an inte | erpreter? | Yes N | lo If you | uchecked "Ye | es", enter the lang | guage neede | ed: | | | |
| SECTION 1 | : WAGE | CLAIM | APPLICA | ΓΙΟΝ | | (DOI | | | | |
| I. UNPAID V | NACES | | | | | (DOL. | WAGES@ | JILLINOI3 | .GOV) | |
| A. How many hours did | | get paid? | | Amount | claimed: | | | | | |
| B. How much were yo | u paid? Hourly | : | Bi-weekly: | | Other: | | | | | |
| C . Dates for which you | u were not paid: | From: | | | To: | | | | | |
| D . What type of work d | id you perform? | | | | | | | | | |
| I am attaching the following supporting documentation: (DO NOT SEND ORIGINALS) | | | | | | | | | | |
| Employment Cont | • • • • | Paycheck | Pay stub | W2 Form | 1099Form | Emails | Letters | Other (Sp | becify) | |

| II. V | ACATIO | NPAY | | | III. BC | DNUS | | | | |
|---|------------------|---------------------|------------------------|---|--|--------------|--------------------------|--|--|--|
| A. How much are you owed? | | | | A. How much a | A. How much are you owed? | | | | | |
| B. Are you still employed by this employer? Yes No | | | | B. Are you still | B. Are you still employed by this employer? Yes No | | | | | |
| | | | | | / you believe you a | | | | | |
| C. What is the vacation policy? Attach a copy of the vacation policy. | | | | What was th | e policy or agreem | nent? Atta | ch a copy of the policy. | | | |
| | | | | | | | | | | |
| I am attaching the follow (DO NOT SEND ORIG | g documentation: | | | I am attaching the following supporting documentation: (DO NOT SEND ORIGINALS) | | | | | | |
| Vacation Policy | Paycheck | Pay stub | W2 Form | Bonus Ag | reement/Policy | Paycheck | Pay stub | | | |
| 1099 Form | Employme | nt Contract/Agreen | nent | W2 Form | 1099 Form | Employmen | t Contract/Agreement | | | |
| Emails | Letters | Other (specif | īy) | Emails | Letters | Other (spec | ify) | | | |
| IV. | COMMIS | SSION | | V. | ILLEGAL | DEDUCTIC | NS | | | |
| A. How much are you o | owed? | | | A. How much v | vas deducted? | | | | | |
| B. For what period of time? From: To: B. When did the deduction occur? | | | | | | | | | | |
| C . Are you still employe | loyer? Yes | No | C. Did you agre | C. Did you agree to this deduction in writing? Yes NoD. Explain how much was deducted and why. <i>Attach copies of evidence.</i> | | | | | | |
| | | | | | | | | | | |
| I am attaching the following supporting documentation: (DO NOT SEND ORIGINALS) | | | | I am attaching the following supporting documentation: (DO NOT SEND ORIGINALS) | | | | | | |
| Commission Agree | ment/Policy | Paycheck | Pay stub | Paycheck | Paystub | | | | | |
| W2 Form 10 | 099Form | Employment Cor | ntract/Agreeme | ent W2 Form | 1099 Form | Employment | Contract/Agreement | | | |
| Emails Le | etters | Other (specify) | | Emails | Letters | Other (speci | fy) | | | |
| VI. OTHER Explain what you ar | e owed and w | /hy? Attach additio | nal sheets if n | ecessary. | | | | | | |
| | | | | | | | | | | |
| I am attaching the foll | owing suppor | ting documentation | | | | | | | | |
| Paycheck P | aystub \ | N2 Form 10 | 99 Form E | mployment Contract/ | Agreement E | mails Letter | rs Other (specify) | | | |
| TOTAL AMOUNT CLAIMED UNDER SECTION 1: (Do not include Total Amount Claimed from Section 2) | | | | | | | | | | |

| SECTION 2: I | MINIMU | M WA | GE A | ND/OR OVERTIM | | | PLICATION |
|-------------------------------|------------------------------|---------------|------------|--|----------------|--------------|--------------------------|
| Attach <u>copies</u> of | supporting | documen | tation s | uch as pay stubs, W2's, 10 | 99's. DO NO | • | |
| Date of birth: | | D | ates for v | which you were not paid: From | : | | To: |
| How were you paid? | Salary | Hourly | Othe | r | | | |
| Check if you received: | Meals | Lodging | Tips | Other | | | |
| Total number of employe | es: | | | | | | |
| Dates of Employment: From: | To: | | | Actual Hours Worked Per Week: | Wagesperl | nour: | Tipsper hour: |
| ONLY For Minimum Wa | age and Over | time claims | : (Does | not apply to claims for unpaid w | ages, deductio | ons, vacatio | on, bonus, commissions.) |
| I do not want my na | me revealed | to the emplo | ver. | ng for the employer named in thi | - | · | |
| Overtime Claims: | | | | | | | |
| Your Title: | | | | | | | |
| Were you a professiona | al employee? | Yes | No | Did your position require a colle | ge degree? | Yes | No |
| Were you a manager? | | Yes | No | Did you supervise anyone? | | Yes | No |
| List your primary duties | | LAIME | DUN | NDER SECTION 2 | 2: | | |
| | | | | | | | |
| Additional Comments: | | | | | | | |
| I UNDERSTAND that | t acceptance epartment of | e of this cla | im by th | attachments, is true and accu le Illinois Department of Labo iny monies and to mail such i | or does not gu | uarantee | collection. |
| Date: | Cla | aimant's S | ignatur | e: | | | |