

**Iowa Division of Labor**  
**Wage Payment and Collection**

150 Des Moines Street  
Des Moines, IA 50319-0209  
Phone: 515-725-5619  
Fax: 515-725-4123  
[www.iowawage.gov](http://www.iowawage.gov)  
[wage@iwd.iowa.gov](mailto:wage@iwd.iowa.gov)

# Wage Claim Information and Instructions

The Wage Claim form must be completed with the necessary details to support your claim. If your claim does not have the total unpaid wages, a completed wage claim, social security number and signature, it will be returned.

## Wage Claim Process

After your wage claim is received and accepted, we will ask the employer for information. We may contact you for additional information. When the investigation is complete, we will determine whether your claim is enforceable. If the claim is enforceable, we will inform the employer. If necessary we will take the wage claim to small claims court and then attempt to collect on the judgement.

## Vacation

You are only entitled to vacation pay if it is due under a policy or agreement with the employer.

## Health benefits, profit sharing or pension plans

If your claim is for health benefits, profit sharing or pension plans, contact the U.S. Department of Labor at [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) or 866-444-3272.

## Overtime

If your claim is for failure to pay overtime contact the U.S. Department of Labor at [www.dol.gov/whd](http://www.dol.gov/whd) or 515-284-4625.

## Rejected Claims

We cannot accept a claim if:

- the amount of money owed to you exceeds \$5,000.00
- the work was not done in Iowa
- the work was done more than one year ago

If you are paid any or all of your wages from your employer after you have submitted your wage claim, notify the Iowa Division of Labor within three days of payment.

Submit a completed wage claim and wage claim worksheet along with supporting documents (pay check stubs, employer policy, timesheets, etc.).

By submitting a claim for wages, you grant exclusive control of your wage claim to the assigned investigator.

# Wage Claim

**FOR OFFICE USE ONLY**

Claim #: _____
Investigator: _____

**Claimant Social Security Number:** \_\_\_\_\_

## Part 1 - Claimant Information

Mr.	Ms.	First name	Middle name	Last name	
Mailing address			City	State	Zip
Date of birth	Home phone	Cell phone	Email address		

## Part 2 - Who we can contact if you cannot be reached

First name	Last name	Phone number	Email address
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## Part 3 - Employer Information

Business name	Type of business	Phone number		
Mailing address	City	State	Zip	
Bank used for payroll	Address	City	State	Zip

The employer is still in the same business:

Yes No, explain:

## Part 4 - Employment Agreement

I was hired by	Type of work performed				
Direct supervisor	Supervisor phone number	Supervisor email address			
Work performed was in Iowa: Yes No	Employment start date	Employment end date	My employer set my regular work hours:	Yes No	
Pay agreement Oral Contract (provide copy)	Rate of pay: \$ _____ Per: Hour Weekly Bi-weekly Monthly Other: _____				
Method of payment: Check Cash Other: _____	I was covered by a union contract: Yes No <small>If yes, contact your union representative before filing this claim</small>				
I signed authorization for other deductions: Yes No If yes, explain:	Employer deducted social security and withholding taxes: Yes No, explain:				

## Part 5 - Reason for leaving employment

I quit	I was discharged	I still work for this employer
Detail explanation:		

## Part 6 - Attorney

I have retained an attorney or filed a lawsuit regarding this matter: Yes No	<small>If yes, contact your attorney before filing this claim and fill out the information below</small>		
Attorney name	Phone number	Email address	County where lawsuit is filed
I am willing to testify in court: Yes No, explain:			

## Wage Claim Worksheet

**Do not deduct taxes or social security.**

My claim is based on (if an amount is not due, put N/A for total):

**Unpaid wages | salary – Total: \$** \_\_\_\_\_

Pay period dates	Hours worked	Rate of Pay	Amount owed	Amount Paid	Amount unpaid
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

**Unpaid commissions – Total: \$** \_\_\_\_\_

Date	Total sales	Details	Amount unpaid
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Employer's agreement for time of pay:

**Illegal deductions – Total: \$** \_\_\_\_\_

Pay period	Explanation	Amount deducted
		\$
		\$
		\$
		\$

**Vacation | Personal time-off | Bonus – Total: \$** \_\_\_\_\_

Date	Reason	Amount unpaid
		\$

**Other – Total: \$** \_\_\_\_\_

Date	Reason	Amount unpaid
		\$
		\$
		\$
		\$

**Employer Name:** \_\_\_\_\_ **Total Unpaid Wages: \$** \_\_\_\_\_

I certify that the information on this form and the attachments (if any) is true and accurate to the best of my knowledge.

I assign in trust this claim and all penalties accruing of non-payment, and liens securing them, to the Labor Commissioner. This assignment shall become effective upon a determination by the Labor Commissioner that I have an enforceable claim. I authorize the Labor Commissioner to settle this claim. I authorize the Labor Commissioner to receive payment for this claim, and authorize such payment to be mailed to me unless I have made a different arrangement with the Labor Commissioner.

I understand that I must cooperate as required by the Labor Commissioner and it is my responsibility to provide sufficient information to prove the claim due. I understand that there is no guarantee that the Labor Commissioner will accept my claim and collect on it.

**Print Name**

**Signature**

**Date**