

**NEW MEXICO DEPARTMENT OF
WORFORCE SOLUTIONS**

Labor Relations Division
121 Tijeras Ave. NE Ste. 3000
Albuquerque, NM 87102
Phone (505) 841-4400
Fax (505) 841-4424

FOR OFFICE USE ONLY

CASE NUMBER: _____

COUNTY: _____

STATEMENT OF WAGE CLAIM

INSTRUCTIONS:

1. Please print clearly in black ink and in English.
2. Please notify us immediately if you change your address or phone number.
3. **Do not fill out this form if you have worked as an independent contractor**
4. **This office will not accept Statement of Wage Claims over \$10,000.00, and no less than \$25.00**

PLEASE NOTE THE FOLLOWING:

This claim form will be returned to you if it is incomplete or unreadable. This division has jurisdiction over wage issues only. We cannot assist you in obtaining payment for time not worked (**holiday pay, vacation, PTO severance pay, bonuses etc.**) or for expenses, tax issues, or pension plan issues.

Name: _____

Address: **(Street & Number)** _____

City: _____ State & Zip Code _____

Your Telephone Number: _____ Position/Title held _____

Name of Company: **(Employer)** _____

Company Address: **(Street & Number)** _____

City: _____ State & Zip Code: _____

Employer's Telephone Number: _____ Date Hired: _____

Name of Person Supervisor: _____

Number of hours per week: _____ Quit Discharged Date of Separation _____

City where work was performed: _____ County _____

Was work under a union agreement? Yes No

Approximate date's wages have not been paid: _____

Approximate hours worked not been paid: _____

Rate of pay: \$ _____ per hour, day, week (**Circle One**) Total amount claimed: \$ _____

TYPE OF WAGES CLAIMED (Please check)

- ___ Commission(s), Task, Piecework, Flat Rate Schedule
- ___ Overtime wages (time and one-half)
- ___ Final paycheck not received or incorrect

- ___ Minimum wage (\$7.50)
- ___ Not paid for all hours worked
- ___ Unauthorized Deductions

PUBLIC WORKS PROJECTS

CONSTRUCTION ONLY: Did you work on a construction project funded with state or local dollars?
(school, courthouse, senior citizens center, etc.) Yes or No (**Circle One**)

If yes, give name and location of project: _____

Name of Primary/General Contractor: _____

Wage Decision #: _____

Were wage rates posted? Yes or No (**Circle One**)

Job Title: _____

Duties: _____

Tools used: _____

Other employees who worked with you or had knowledge of your work: _____
