

**NEW MEXICO DEPARTMENT OF
WORFORCE SOLUTIONS**

Labor Relations Division
226 South Alameda Blvd
Las Cruces, NM 88005
Phone (575) 524-6195

FOR OFFICE USE ONLY

COUNTY: _____

STATEMENT OF WAGE CLAIM

INSTRUCTIONS:

1. Please print clearly in black ink and in English.
2. If you can afford an attorney you cannot proceed with the Statement of Wage Claim Form per (Section 50-1-3, NMSA, 1978)
3. Please notify us immediately if you change your address or phone number.
4. **Do not fill out this form if you have worked as an independent contractor**

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 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

OTHER REMARKS: _____

STUDENTS ONLY: If not a high school graduate, please specify your age: _____.
If under the age of 18 Parent/Guardian must sign

In signing this form, I hereby certify the following:
This is a true statement of wages due me to the best of my knowledge and belief.

Signed _____ Date _____

NOTARY PUBLIC

STATE OF NEW MEXICO COUNTY OF _____

On the ____ day of _____, 20____
before me personally appeared _____

Known to me (or known to at least (1) one of the judges of the court; or proven to be such person by the testimony of at least (2) two reliable witnesses) to be the person whose name is subscribed to this writing and acknowledge that he/she executed the same for the purpose herein contained as his/her executed the same for the purpose herein contained as his/her free act and deed.

MY COMMISSION EXPIRES: _____
Notary Bond filed with Secretary of State (Notary Public)

Signed: _____ Date: _____

