

**NEW MEXICO DEPARTMENT OF
WORFORCE SOLUTIONS**

Labor Relations Division
1596 Pacheco Street, Suite 103
Santa Fe, NM 87505
Phone (505) 827-6817
Fax (505) 827-9676

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: _____

