

(Please retain the Instructions and a copy of your Wage Claim Form for your records)

READ CAREFULLY

WHO SHOULD FILE A WAGE CLAIM?

An employee who has worked in Maryland and believes an employer has unlawfully withheld the employee's wages, including any bonus, commission, fringe benefits, overtime wages, or any other payment promised for service, may file a claim for unpaid wages on the attached Wage Claim Form.

Typically, there is a three (3) year statute of limitations under the Maryland Wage & Hour Law (MWHL) and/or the Maryland Wage Payment & Collection Law (MWCPL) for filing a lawsuit for unpaid wages in a court. (Note that federal wage laws may have different statutes of limitations for filing claims.) For the Maryland Department of Labor, Division of Labor and Industry, Employment Standards Service (ESS) to have sufficient time to investigate a claim for unpaid wages, ESS should receive an employee's Wage Claim Form, along with any supporting documents, as soon as possible but in no event later than two (2) years from the date the wages became due.

Alternatively, instead of filing a wage claim with ESS, an employee may choose to bring a lawsuit against an employer for unpaid wages under the MWHL and/or the MWCPL with or without the assistance of a private attorney in a Maryland court. Please note that ESS, the Commissioner of the Division of Labor and Industry (Commissioner), and the Office of the Attorney General will not participate in any such action.

BEFORE FILING A WAGE CLAIM WITH ESS

Before filing your wage claim with ESS, you must first have asked the employer for your wages and been denied. To maximize your chances of recovery, you should send a written demand to the employer for payment of any wages claimed. You should keep a copy of any written demand and obtain proof of receipt by the employer, e.g., a certified mail receipt, an email receipt, an employer's written response, etc.

TO FILE YOUR WAGE CLAIM WITH ESS

- You must fill out and return the Wage Claim Form legibly and completely, and must sign the form under oath.
- You must provide all known names (including corporate and trade names), addresses, phone numbers, and email addresses for your employer.
- You also should attach to the Wage Claim Form the following documents that support your claim, if available: An employment contract and/or wage agreement, time sheets and/or a list of dates and hours worked, commission statements or other proof that commissions were earned, paystubs, employee handbooks, manuals or policy statements, business cards, and correspondence with an employer.
- You must fill out, sign, and return the Wage Claim Authorization.

Note: In order to file a claim, you are NOT required to keep your own time records or have the documents above. These documents are being requested if you have them because they will help ESS better understand your claim and improve your chances of recovery.

WHAT TO EXPECT AFTER FILING YOUR CLAIM

After you file your wage claim with ESS, ESS will investigate your claim. ESS will assign an investigator to your claim who will contact your employer for information, and, if ESS needs additional information from you, the investigator also will contact you. If you get additional related documents, please mail or fax the documents directly to the investigator assigned to your claim. Once ESS completes its investigation, you and your employer will be notified in writing if the Commissioner will take action on the claim.

HOW THE COMMISSIONER CAN RESOLVE A WAGE CLAIM

Following an investigation of your claim, the Commissioner will determine whether the MWHL and/or the MWPCPL have been violated. The Commissioner may try to resolve your claim in one of three ways:

- 1) Informally through mediation;
- 2) for claims under \$5,000, by issuing an administrative order directing your employer to pay the unpaid wages the Commissioner has determined are due to you; or
- 3) by asking the Office of the Attorney General (OAG) to bring a lawsuit for unpaid wages on behalf of the Commissioner to your use and benefit against your employer in a Maryland court.

Please note: (1) the OAG is not required to file a lawsuit and may decline to accept the case; (2) acceptance of a wage claim by ESS, the Commissioner, and/or the OAG does not guarantee collection of unpaid wages; and (3) under the MWCPL, an employee may not knowingly make to a governmental unit or official a false statement with regard to any investigation or proceeding under the MWPCPL with the intent that the government unit or official consider or otherwise act in connection with the statement. An employee who does so may be charged with a misdemeanor and, on conviction, is subject to a fine not exceeding \$500. In addition, if an employee provides false or inaccurate information or fails to cooperate, the Commissioner may decline to take any action or may cease taking action.

Please mail your completed and signed Wage Claim Form, Wage Claim Authorization, and any supporting documents to:

EMPLOYMENT STANDARDS SERVICE
1100 N. EUTAW STREET, ROOM 607
BALTIMORE, MARYLAND 21201

Department of Labor
Division of Labor and Industry
Employment Standards Service
1100 North Eutaw Street, Room 607
Baltimore, MD 21201
Telephone Number: 410-767-2357



Wage Claim Form

(A copy of this form and supporting documents will be sent to your employer for a response.)



For Office Use Only: Reference _____ Claim # _____

SECTION A. Personal Information

Name:
First Middle Last

SSN or ITIN, if available: - -

Address:
Street City State Zip Code

Daytime Telephone: Email Address:

**If you change your address, email address, or telephone number after submitting this form, notify Employment Standards Service (ESS) immediately in writing. If ESS cannot contact you, your claim will be dismissed.*

Driver's License #: State of Issue:

Date of Birth: Gender: M F Other:

*Race (choose all that apply): American Indian or Alaska Native Asian Black/African American
 Hispanic or Latino Native Hawaiian or Other Pacific Islander White

**This information is collected for statistical purposes only.*

SECTION B. Employment Information

**Please list all known names (including corporate and trade names) addresses and telephone numbers.*

Employer Name: Telephone:

Employer's Trade Name (if any):

Employer's Address:
Street City State Zip Code

Owner's Name, if known: Phone:

Owner's Address, if known:
Street City State Zip Code

Supervisor's Name, if known: Phone:

Supervisor's Address, if known:
Street City State Zip Code

Supervisor's and Owner's License Plate or other identifying information, if known:

Type of Business: Job Position/Title:
 (Example: retail, restaurant, construction, etc.) (Example: office worker, carpenter, etc.)

First date of work: Last date of work: Number of days worked each week:

Number of hours worked each day: Next scheduled payday is:

Rate of pay: \$ per: Day Hour Week Month Year Commission

Frequency of pay: Daily Weekly Bi-Weekly Monthly Bi-Monthly

I was: Fired Laid-Off Quit Other I am still working there number of days per week.

SECTION C. Eligibility

Unknown	Yes	No	Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are you or have you been represented by a private attorney in this matter? <i>If yes, provide the following: Attorney Name:</i> <input type="text"/> <i>Attorney Address and Phone:</i> <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you filed a claim for these unpaid wages elsewhere against your employer/former employer?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Was the work for which you are claiming wages performed in Maryland? <i>If yes, what is the precise address where the work was performed?</i> <input type="text"/> <i>If no, in what state(s) was the work performed?</i> <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Are you a federal, state, or local government employee? <i>Maryland's Labor & Employment laws do not cover government employees. Contact the U.S. Dept. of Labor at 1-866-4US-WAGE for assistance.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was your work performed as a union member? <i>Union members must exhaust all union remedies before filing a claim with ESS. Attach documentation showing all union remedies have been exhausted without success.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Is your employer/former employer still in business?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Has your employer/former employer filed for bankruptcy?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are you a shareholder, officer or director of the company that employed you?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you have any property belonging to your employer? <i>If yes, identify the property you still have:</i> <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Did your employer/former employer deduct FICA and federal and state taxes from your paycheck?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Did you receive a paystub from your employer/former employer? <i>If yes, attach copies of your paystubs for the last 30 days.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Do you have any written agreement(s) with the employer/former employer? <i>If yes, attach any agreements.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you signed any document allowing your employer/former employer to deduct money from your pay? <i>If yes, attach a copy of any documents.</i>

SECTION D. TYPE OF WAGES OWED

What Type of Wages Are You Claiming?	Check all that apply	Instruction
Hourly Wages	<input type="checkbox"/>	Fill out Section E
Salary	<input type="checkbox"/>	Fill out Section E
Minimum Wage	<input type="checkbox"/>	Fill out Section E
Overtime	<input type="checkbox"/>	Fill out Section E
Commission	<input type="checkbox"/>	Fill out Section F
Bonus	<input type="checkbox"/>	Fill out Section F
Piece Rate or Flat Rate	<input type="checkbox"/>	Fill out Section F
Unauthorized Deduction	<input type="checkbox"/>	Fill out Section G
Vacation	<input type="checkbox"/>	Fill out Section H
Sick Leave	<input type="checkbox"/>	Fill out Section H
Paid Time Off (PTO)	<input type="checkbox"/>	Fill out Section H
Holiday	<input type="checkbox"/>	Fill out Section H
Personal Leave	<input type="checkbox"/>	Fill out Section H
Mileage	<input type="checkbox"/>	Fill out Section I
Business Expenses	<input type="checkbox"/>	Fill out Section J
Other	<input type="checkbox"/>	Attach written description

SECTION E: LIST ALL DATES AND HOURS (MONTH/DAY/YEAR) WORKED FOR WHICH YOU WERE NOT PAID.

		Mon. (Mo./Day/Y ear)	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hours Worked	Total Wages Earned but Not Paid
Week 1	Date:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>					
	Hours:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>					
Week 2	Date:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>					
	Hours:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>					
Week 3	Date:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>					
	Hours:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>					
Week 4	Date:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>					
	Hours:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>					

Use additional paper if needed.

SECTION E SUBTOTAL: \$

SECTION F: COMMISSION, BONUS, PIECE RATE, OR FLAT RATE

Complete this section if you claim unpaid commissions, bonuses, piece rates, or flat rates. Attach any evidence, including commission, bonus, piece rate, or flat rate agreements, or explain in detail how these wages were earned.

COMMISSION: Sales earned and not paid	Date commission was earned	“Gross” commission amount owed
	<input type="text"/>	\$ <input type="text"/>
BONUS earned and not paid	Date bonus was earned	“Gross” bonus amount owed
	<input type="text"/>	\$ <input type="text"/>
PIECE RATE or FLAT RATE: Work completed for which you were not paid	Date work completed	“Gross” amount owed
	<input type="text"/>	\$ <input type="text"/>

SECTION F SUBTOTAL: \$

SECTION G: UNAUTHORIZED DEDUCTIONS

Complete this section if you claim your employer deducted money from your wages that you did not authorize. List each deduction and attach copies of your paystubs reflecting the deduction if possible. Use additional paper if needed.

Unauthorized Deductions – Describe	Dates Deducted	Amount Deducted
	<input type="text"/>	\$ <input type="text"/>

SECTION G SUBTOTAL: \$

SECTION H: FRINGE BENEFITS

Complete this section if you claim you are owed wages for unused vacation, sick leave, paid time off (PTO), holiday leave, or personal leave hours. If possible, attach a copy of your paystub or other document showing the accrued but unused hours.

Benefits	Accrued Unused hours	Amount due (hours x wage rate)
Vacation	<input type="text"/>	\$ <input type="text"/>
Sick leave	<input type="text"/>	\$ <input type="text"/>
Paid time off (PTO)	<input type="text"/>	\$ <input type="text"/>
Holiday leave	<input type="text"/>	\$ <input type="text"/>
Personal leave	<input type="text"/>	\$ <input type="text"/>

SECTION H SUBTOTAL: \$

SECTION I: MILEAGE REIMBURSEMENT

Complete this section if you claim you are owed mileage reimbursement. Use additional paper if needed.

Mileage reimbursement rate: \$ _____ per mile. Normal roundtrip commute is _____ miles.

			Mon.	Tue.	Wed.	Thrs.	Fri.	Sat.	Sun.	Weekly Total Miles	Amount Due
Week 1	Date:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>						
	Miles:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>						
Week 2	Date:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>						
	Miles:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>						
Week 3	Date:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>						
	Miles:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>						
Week 4	Date:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>						
	Miles:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>						
Total Mileage Reimbursement Claimed											\$ <input type="text"/>

SECTION I SUBTOTAL: \$

SECTION J: BUSINESS EXPENSES

Complete this section if you claim you are owed for business expenses, other than mileage reimbursement. Identify each business expense you are claiming and attach receipts. Use additional paper if needed.

Business Expense Description	Amount Due
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>

SECTION J SUBTOTAL: \$ _____

SECTION K. LIST BELOW THE SUBTOTALS CLAIMED FOR SECTIONS E THROUGH J:

	Amount
Section E Subtotal:	\$ <input type="text"/>
Section F Subtotal:	\$ <input type="text"/>
Section G Subtotal:	\$ <input type="text"/>
Section H Subtotal:	\$ <input type="text"/>
Section I Subtotal:	\$ <input type="text"/>
Section J Subtotal:	\$ <input type="text"/>
Other:	\$ <input type="text"/>
TOTAL WAGE CLAIM:	\$ <input type="text"/>

PLEASE READ AND SIGN THE CERTIFICATION AT THE BOTTOM (This page and the Wage Claim Authorization following this page must be signed)

I. ADDITIONAL INFORMATION: If you have any additional information about your claim, provide it below. Use *additional paper if needed.*

I HEREBY CERTIFY, UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE STATEMENTS I HAVE MADE ON THIS WAGE CLAIM FORM ARE TRUE.

Signature: _____ **Date:** _____
(Original signature required, no photocopied signature accepted)

WAGE CLAIM AUTHORIZATION

I understand that once my claim is investigated, the Commissioner will determine whether there has been an apparent violation of the Maryland Wage and Hour Law (MWHL) and/or the Maryland Wage Payment and Collection Law (MWPCCL) by my employer/former employer (employer). If the Commissioner determines the MWHL and/or the MWPCCL have been violated, I consent to the Commissioner resolving my wage claim:

- 1) Informally through mediation;
- 2) if my claim is less than \$5,000, by issuing an administrative order directing my employer to pay my unpaid wages under the MWPCCL; or
- 3) by asking the Office of the Attorney General (OAG) to file a lawsuit on behalf of the Commissioner to my use and benefit in a Maryland court of proper jurisdiction under the MWPCCL. I understand the OAG is not required to file a lawsuit and may decline to accept the case. I also understand that acceptance of my claim by ESS, the Commissioner, and the OAG does not guarantee collection of my unpaid wages.

I understand that any order issued by the Commissioner or any lawsuit filed by the OAG on behalf of the Commissioner to my use and benefit is limited to collection of my unpaid wages under the MWHL and/or the MWPCCL. I also understand that if my employer files an action against me in any court or other forum, neither the Commissioner nor the OAG will represent me and I will have to retain a private lawyer or represent myself.

I understand I have the right to file a lawsuit against my employer for unpaid wages under the MWHL and/or the MWPCCL (with or without the assistance of a private lawyer) in a Maryland court without first filing a wage claim with ESS. I understand that if, after I file my wage claim with ESS, I retain a private lawyer to assist me with my wage claim then ESS, the Commissioner, and/or the OAG will stop all actions on my behalf and close my case.

Cooperation with ESS, Commissioner, and OAG

I agree to cooperate with ESS, the Commissioner, and the OAG in their investigation of my wage claim and during all phases of any order issued by the Commissioner or any lawsuit filed by the OAG. Therefore, I agree to promptly return phone calls, respond to letters or emails, and, if required, to participate in any settlement conference, mediation, hearing, and/or trial related to my wage claim. I also agree to notify ESS, the Commissioner, and/or the OAG immediately if my address, email, or telephone number changes, if I receive payment in connection with my wage claim, and/or if I retain a private lawyer.

If I do not cooperate fully with ESS, the Commissioner, and/or the OAG, I hereby authorize ESS, the Commissioner and/or the OAG to take whatever action they consider appropriate, which may include stopping an investigation and closing my claim, dismissing an order, or withdrawing from and/or dismissing a lawsuit. If the Commissioner and the OAG withdraw from a lawsuit, I agree that they will not be liable for any added costs associated with pursuing the lawsuit. In the event a lawsuit filed on my behalf is dismissed, I understand I may not be able to file a new lawsuit in my own name (with or without the assistance of a private lawyer) if the statute of limitations has run on my claim or if the court's dismissal of the case is with prejudice (dismissed "with prejudice" means that you cannot refile the case but you may be able to appeal the dismissal).

Settlement of Wage Claim

I agree that ESS, the Commissioner, and/or the OAG may settle my wage claim for the amount claimed on my Wage Claim Form, the amount determined to be due and owing to me in any order issued by the Commissioner, or the amount claimed due to me in any lawsuit filed on my behalf, without prior notice to me or my prior approval. I understand any settlement of my claim may not include additional damages a court may award at its discretion under the MWPCCL. I understand I will be notified of any proposed settlement that would be a compromise of the amount of my claim. I agree that if I do not approve a settlement that would be a compromise of my claim that is recommended by ESS, the Commissioner, and/or the OAG, then that ESS, the Commissioner, or the OAG may close and/or withdraw from the case (subject to the applicable Rules of Court if a lawsuit has been filed). I understand and agree that any determination of whether or not to appeal an unfavorable decision by the Office of Administrative Hearings or any Maryland court regarding my wage claim is solely within the Commissioner's and/or the OAG's discretion.

Collection of Checks or Money Orders for Wage Claim

I hereby authorize ESS, the Commissioner, or the OAG to receive, endorse my name on, and deposit into the Commissioner's account, or other appropriate account, any checks or money orders made out to me as payment on my wage claim. I understand that, once cleared, I will then be issued a check from the state of Maryland representing the amount deposited. I understand, however, that the amount may be reduced by any outstanding state debt that I owe, such as past due child support or state income taxes, etc. I also understand that I should contact a tax advisor about reporting any monies I receive to the appropriate taxing authorities. I understand that I am not responsible for the payment of any expenses incurred by the Commissioner in pursuing an action filed on my behalf to collect my wages, unless the expenses were: (a) approved by me in advance, or (b) mandated by statute or rule of court. If the Commissioner and OAG withdraw from my case, I understand I will be responsible for any added costs associated with pursuing the lawsuit. I also understand that any judgment entered in my favor by a court may be referred to the Maryland Department of Budget and Management's Central Collection Unit for collection.

Name of Wage Claimant (Print Legibly)

Signature of Wage Claimant

Date

Address

City

State

Zip Code

Telephone Number(s)

Email Address(es)