

AB 1513- PIECE RATE WORKER CHECK REQUEST

Please fill in and sign this form and make sure all information is complete and legible. Please complete and submit a separate form for each employer who you think may have paid your wages to the Labor Commissioner. If you have already filled out a form for this or any other employer, please do not fill out a second one for the same employer. You can mail this form or forms to the address listed below or deliver this document to any local office of the Labor Commissioner.

**Department of Industrial Relations
Labor Commissioner's Office - Cashiering Unit
2031 Howe Avenue, Suite 100
Sacramento, California 95825**

Name _____
(Please Print)

Address: _____
(Where you want check sent)

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Social Security (SSN) or ITIN: _____

Name of Employer: _____

Employer Address: _____

Signature: _____ Date: _____