CLEAR PRINT

**LABOR COMMISSIONER, STATE OF CALIFORNIA**
DEPARTMENT OF INDUSTRIAL RELATIONS – DIVISION OF LABOR STANDARDS ENFORCEMENT

# Initial Report or Claim

| FOR OFFICE USE ONLY | | |
|---|---|---|
| Taken by: | Case#: | Date filed: |

**IS THIS CLAIM RELATED TO COVID-19? NO ☐ YES ☐**
**If yes, explain: ☐ Business shut down ☐ Business layoff ☐ Sick leave unpaid/denied ☐ Other (specify):**

## PRELIMINARY QUESTIONS

1. Is your claim about a **public works project**? **[If your answer is "YES," STOP here, DO NOT FILL OUT THIS FORM, and fill out the "PW-1" claim form instead. If your answer is "NO," proceed with this form.]**

2. Have you filed a **retaliation complaint** against your employer with the Labor Commissioner?
☐ YES, on: ______/______/______ (Month Day Year)
☐ NO **[ If you have been retaliated against, you may file a retaliation complaint by filling out another form, "RCI 1 Form"]**

3. Is there a **union contract covering your employment**?
YES **[If "YES," attach a copy of the Collective Bargaining Agreement.]**
NO

4. Are other employees also filing wage claims against your employer? ☐ YES ☐ NO ☐ I DON'T KNOW

## Part 1 : LANGUAGE ASSISTANCE & REPRESENTATION

| 5a. Do you need an interpreter? YES NO | 5b. If you checked "YES" to Box 5a, enter the language needed | | |
|---|---|---|---|
| 6a. If you are being assisted with your claim by a lawyer or other advocate, enter your ADVOCATE'S NAME and ORGANIZATION | | 6b. ADVOCATE'S PHONE ( ) | |
| 6c. Your ADVOCATE'S MAILING ADDRESS (Number, Street, Floor, Suite) | CITY | STATE | ZIP CODE |

## Part 2 : YOUR INFORMATION

| 7. Your FIRST NAME | 8. Your LAST NAME | 9. HOME PHONE ( ) | 10. OTHER PHONE ( ) | 11. BIRTH DATE |
|---|---|---|---|---|
| 11a. Your EMAIL ADDRESS | | | | |
| 12. Your MAILING ADDRESS (Street Number, Street Name, Apartment Number) | | CITY | STATE | ZIP CODE |

## Part 3 : CLAIM FILED AGAINST ( EMPLOYER INFORMATION)

| 13. EMPLOYER / BUSINESS NAME(S) | 14. EMPLOYER'S VEHICLE LICENSE PLATE # | 15. EMPLOYER PHONE ( ) | |
|---|---|---|---|
| | 15a. EMPLOYER'S EMAIL ADDRESS | | |
| 16. ADDRESS of EMPLOYER / BUSINESS (Street Number, Street Name, Floor, Suite): | CITY | STATE | ZIP CODE |
| 17. ADDRESS where you worked, if different from Box 16 (Number, Street, Floor, Suite): | CITY | STATE | ZIP CODE |
| 18. NAME of PERSON IN CHARGE (First Name, Last Name) | 19. JOB TITLE / POSITION of PERSON IN CHARGE | | |

| 20. TYPE OF BUSINESS | 21. TYPE OF WORK PERFORMED | 22. TOTAL NUMBER OF EMPLOYEES | 23. EMPLOYER STILL IN BUSINESS? YES NO DON'T KNOW |
|---|---|---|---|

24. Check which box describes your employer, if you know: ☐ CORPORATION ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LLC ☐ LLP

PRINT YOUR NAME: ____________________________________

## Part 4 : FINAL WAGES / BOUNCED CHECKS

25. DATE OF HIRE

_____/_____/_______
Month Day Year

26. Check which box applies to you:

Still working for employer QUIT on____/____/_____ DISCHARGED on____/____/_____
Month Day Year Month Day Year

Other (specify): ____________________________________

27a. If you **QUIT**, did you give **72 hours notice** before quitting?

☐ YES

☐ NO

27b. If you **QUIT**, have you received your final payment of wages including all wages owed?

☐ YES, on:__________/_________/___________
Month Day Year

☐ NO

28. If you were **DISCHARGED**, have you received your final payment of wages including all wages owed?

YES, on:__________/_________/___________
Month Day Year

NO

29a. How were your wages paid?

☐ BY CHECK ☐ BY CASH ☐ BY BOTH CASH & CHECK

☐ OTHER: ____________________________________

29b. If paid by check, did any of your paychecks “bounce” (for example, paycheck could not be cashed because employer has insufficient funds)?

☐ YES ☐ NO

## Part 5 : HOURS YOU TYPICALLY WORKED

30. Check which box applies: My work hours and days of work were usually the same each week that I worked.

My work hours and/or days of work varied per week or were irregular. **If you checked this box and you are claiming unpaid wages or meal and rest period violations, you should also fill out and submit the DLSE FORM 55.**

31. If your work hours and days of work were usually the same each week, give your **BEST ESTIMATE** below of the hours you usually worked and any time you took for a duty-free meal period during your **TYPICAL workweek**. **DO NOT fill this out if your work hours were too irregular to estimate a typical or average workweek (instead fill out the DLSE Form 55).**

| | TIME WORK STARTED | TIME WORK ENDED | 1st MEAL START TIME (if applicable) | 1st MEAL END TIME (if applicable) | 2nd MEAL START TIME (if applicable) | 2nd MEAL END TIME (if applicable) | ONLY IF YOU WORKED A SPLIT SHIFT: | |
|---|---|---|---|---|---|---|---|---|
| **DAY 1** of your workweek: | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | 1st shift ended at ______ ☐ am ☐ pm | 2nd shift started at ______ ☐ am ☐ pm |
| **DAY 2** of your workweek: | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | 1st shift ended at ______ ☐ am ☐ pm | 2nd shift started at ______ ☐ am ☐ pm |
| **DAY 3** of your workweek: | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | 1st shift ended at ______ ☐ am ☐ pm | 2nd shift started at ______ ☐ am ☐ pm |
| **DAY 4** of your workweek: | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | 1st shift ended at ______ ☐ am ☐ pm | 2nd shift started at ______ ☐ am ☐ pm |
| **DAY 5** of your workweek: | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | 1st shift ended at ______ ☐ am ☐ pm | 2nd shift started at ______ ☐ am ☐ pm |
| **DAY 6** of your workweek: | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | 1st shift ended at ______ ☐ am ☐ pm | 2nd shift started at ______ ☐ am ☐ pm |
| **DAY 7** of your workweek: | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | ______ ☐ am ☐ pm | 1st shift ended at ______ ☐ am ☐ pm | 2nd shift started at ______ ☐ am ☐ pm |

## Part 6 : PAYMENT OF WAGES

32. Were you paid or promised a **FIXED amount of wages per pay period**, **no matter how many hours you worked** (for example, $400 per week, regardless of how many hours you worked)? **YES** **NO**

I was paid $_______________per **day** **week** **every 2 weeks** **month** **semi-monthly**

I was promised $_______________per **day** **week** **every 2 weeks** **month** **semi-monthly**

33a. Were you an **HOURLY** employee? **YES** **NO**

I was paid $_______________per hour.

I was promised $_______________per hour.

33b. If you were an **HOURLY** employee, were you paid or promised **more than one hourly rate** (based on the hours you worked or different job tasks)? **YES** **NO**

If YES, please specify:

34. Were you paid by **PIECE RATE**? YES NO

35. Were you paid by **COMMISSION**? YES NO

## Part 7 : WAGES, COMPENSATION & PENALTIES OWED

| 36. **CLAIMS** **(Check all boxes below that apply)** | **CLAIM PERIOD: START DATE (Month/ Day/ Year)** | **CLAIM PERIOD: END DATE (Month/ Day/ Year)** | **AMOUNT EARNED / CLAIMED** |
|---|---|---|---|
| ☐ **REGULAR WAGES (for non-overtime hours)** | | | $ |
| ☐ **OVERTIME WAGES (including double time)** | | | $ |
| ☐ **MEAL PERIOD WAGES** | | | $ |
| ☐ **REST PERIOD WAGES** | | | $ |
| ☐ **SPLIT SHIFT PREMIUM** | | | $ |
| ☐ **REPORTING TIME PAY** | | | $ |
| ☐ **COMMISSIONS** *** | | | $ |
| ☐ **VACATION WAGES** *** | | | $ |
| ☐ **BUSINESS EXPENSES** | | | $ |
| ☐ **UNLAWFUL DEDUCTIONS** | | | $ |
| ☐ **PAID SICK LEAVE**<br>☐ **PAID SICK LEAVE Supplemental Paid Sick Leave** | | | $ |
| ☐ **OTHER [provide separate explanation]** | | | $ |
| **ENTER SUBTOTAL (add all Amounts Earned/Claimed):** | | | $ |
| **ENTER TOTAL AMOUNT PAID:** | | | $ |
| **GRAND TOTAL OWED [Subtotal minus Total Amount Paid]:** | | | $ |

37. Check box(es) if you are claiming:

- ☐ **Waiting time penalties [Labor Code §203]**
- ☐ **Penalties for "bounced" checks (checks issued with insufficient funds) [Labor Code §203.1]**
- ☐ **Penalties for late payment wages [Labor Code §210]**
- ☐ **Liquidated damages for late payment wages [Labor Code §1194.2]**

***The amounts claimed are based on my best estimates at this time and may be adjusted based on further information, or based on assistance with my claim provided by DLSE.***

Signed:_______________________________ Date: _______________________________

Print Name: _______________________________