

ITEM 27 NEW MEXICO DEPARTMENT OF LABOR
Labor and Industrial Division
501 Mountain Road NE Room 106
Albuquerque, NM 87102
Phone # (505) 841-8983

FOR OFFICE USE ONLY

CASE #: _____

COUNTY: _____

STATEMENT OF WAGE CLAIM

INSTRUCTIONS:

1. Please print clearly.
2. If you can afford an attorney you cannot proceed with the Statement of Wage Claim Form as per (Section 50-1-3, NMSA, 1978)
3. Please notify us immediately if you change your address or phone number.

DATE: _____

Your Name: (Employee) _____ SSN #: _____

Your Address: (Street & Number) _____

City: _____ State & Zip Code: _____

Your Telephone Number: _____ Type of Work Done: _____

Name of Company: (Employer) _____

Company Address: (Street & Number) _____

City: _____ State & Zip Code: _____

Employer's Telephone Number: _____

Name of Person in Charge: _____

Date Hired: _____ Number of hours per week: _____ Quit Discharged
(Check One)

Date of Separation: _____ Reason for Separation: _____

Approximate dates and hours for which wages have not been paid: _____

Rate of pay: \$ _____ per hour, day, week (Circle One) Total amount claimed: \$ _____

Was work done under a union agreement? Yes or No (Circle One)

TYPE OF WAGES CLAIMED (Please check)

- Commission(s) Piecework or Flat Rate Schedule
 Overtime wages (time and one-half)
 Final paycheck(s) not received or incorrect

- Minimum wage
 Not paid for all hours worked
 Unauthorized Deductions

STUDENTS ONLY: If not a high school graduate, please specify your age:

If under the age of 18 Parent/Guardian must sign

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, severance pay, etc.), or for expenses, tax issues, or pension plan issues.

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:

OTHER REMARKS:

In signing this form, I hereby certify the following:

That this is a true statement of wages due me to the best of my knowledge and belief.

Signed: _____

ACKNOWLEDGEMENT

STATE OF NEW MEXICO)

COUNTY OF _____)

On the _____ day of _____, 20__ before me personally appeared _____ known to me (or known to at least one (1) of the judges of the court; or proven to be such person by the testimony of at least two (2) reliable witnesses) to be the person whose name is subscribed to this writing and acknowledged that he/she executed the same for the purpose herein contained as his/her free act and deed.

MY COMMISSION EXPIRES: _____

Notary Bond filed with the Secretary of State

(NOTARY PUBLIC)