

Wage and Hour Program
P.O. Box 488
Montpelier, VT 05601-0488
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FAX: 802-828-4198
E-Mail: Labor-Wagehour@state.vt.us

Vermont Department of Labor
WAGE / BENEFIT CLAIM FORM

For Office Use Only	
Claim #:	_____
Entered:	_____

WORKER'S INFORMATION

Worker's Name: _____ SS #: _____ Telephone #: _____

Worker's Mailing Address: _____ Are you a High School student? _____

BUSINESS INFORMATION

Business Name: _____ Business Telephone #: _____

Business Owner's Name: _____ Job Title: _____

Business MAILING Address: _____

Business PHYSICAL Address: _____

Start Date of Employment: _____ Last Day Worked: _____ Still Employed? _____

Rate of Pay \$ _____ (per day, week, year, salary) Total Gross Amount Due: _____

Claim for (*check all that apply*): Unpaid Wages Unpaid Overtime Improper Deduction Unpaid Benefits

Indicate breakdown of unpaid wages and overtime below, for improper deductions or unpaid benefits, please provide details supporting your claim.

Pay Period Ending Date	Date Payment was Due*	Number of Hours Unpaid		Amount Unpaid		Total Amount of Wages Owed This Pay Period
		Regular	Overtime	Regular	Overtime	

* Cannot be greater than 2 years old.

I hereby certify that, to the best of my knowledge, these statements are true. I understand that a copy of this claim, and any materials that I submit to the Wage and Hour Program relative to this claim, will be forwarded to my employer and/or my employer's representative.

Signature: _____ Date: _____

Equal Opportunity is the Law

The State of Vermont is an Equal Opportunity/Affirmative Action Employer. Applications from women, individuals with disabilities, and people from diverse cultural backgrounds are encouraged. Auxiliary aids and services are available upon request to individuals with disabilities. 711 (TTY/Relay Service) or 802-828-4203 TDD (Vermont Department of Labor).