

Wage and Hour Program  
P.O. Box 488  
Montpelier, VT 05601-0488  
Telephone: 802-828-0267  
FAX: 802-828-4198  
E-Mail: Labor.wagehour@vermont.gov

Vermont Department of Labor  
**WAGE / BENEFIT CLAIM FORM**

<b>For Office Use Only</b>	
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).