

NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
 DIVISION OF WAGE AND HOUR COMPLIANCE  
 PO BOX 389  
 TRENTON, NEW JERSEY 08625-0389

PLEASE ANSWER ALL QUESTIONS.

CASE NO.:

I request the Commissioner of Labor and Workforce Development to investigate the claim indicated by the information supplied in this complaint form and advise me of the results of the investigation.

PLEASE TYPE OR PRINT LEGIBLY IN COMPLETING THIS FORM IN ITS ENTIRETY.

ACCEPTANCE OF THIS CLAIM BY THE DEPARTMENT DOES NOT GUARANTEE COLLECTION

EMPLOYMENT INFORMATION

NAME (LAST)	(FIRST)	(INITIAL)	SOCIAL SECURITY NUMBER	
NUMBER AND STREET ADDRESS			TELEPHONE NUMBER (Give Area Code)	
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER OR # WHERE MESSAGE CAN BE LEFT	
NAME OF EMPLOYER:			EMAIL:	
BUSINESS ADDRESS (NUMBER AND STREET)				
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
EMPLOYER'S HOME ADDRESS (NUMBER AND STREET)				
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
NATURE OF EMPLOYER'S BUSINESS IS:				
NAME OF CORPORATE OFFICERS / OWNER(S):				
Has the employer filed for bankruptcy?    Yes    No    If no, is the employer still in business?    Yes    No If yes, have you submitted a Proof of Claim to the Bankruptcy Court?    Yes    No				
DATE STARTED TO WORK	DATE LAST WORKED	IF NO LONGER EMPLOYED, WRITE THE REASON		
MY FINAL RATE OF PAY WAS: GROSS AMOUNT – PER HOUR: \$		PER DAY: \$	PER WEEK: \$	
I WORKED IN – CITY:			COUNTY:	
THE KIND OF WORK I DID & TITLE:				
MY USUAL PAY-DAY WAS:    MON.    TUE.    WED.    THU.    FRI.    SAT.    SUN.				
THE LAST WAGE PAYMENT I RECEIVED WAS: GROSS AMOUNT: \$			DATE RECEIVED:	
THE PERIOD OF TIME COVERED BY SUCH LAST PAYMENT WAS:				
THE TOTAL AMOUNT OF WAGES (BEFORE TAX DEDUCTIONS) WHICH I BELIEVE IS DUE ME IS: \$				
THE PERIOD OF TIME FOR WHICH WAGES ARE DUE (LIST DATES AND HOURS)				



5. DID YOU RECEIVE A LUNCH PERIOD AND/OR BREAKS? IF SO, STATE THE AMOUNT OF TIME.
  
  
  
  
  
  
  
  
  
  
6. DID YOU WORK WEEKENDS AND/OR HOLIDAYS ON THE PUBLIC WORKS PROJECT(S) LISTED ABOVE? IF SO, PLEASE PROVIDE THE DATES AND RATE OF PAY FOR THIS WORK.
  
  
  
  
  
  
  
  
  
  
7. ARE YOU AN APPRENTICE WHO IS NOW ENROLLED AND ACTIVELY ATTENDING A VOCATIONAL EDUCATION FACILITY? IF SO, SPECIFY THE NAME OF THE EDUCATIONAL FACILITY YOU ARE ATTENDING, THE CRAFT AND NUMBER OF YEARS YOU HAVE BEEN APPRENTICED.
  
  
  
  
  
  
  
  
  
  
8. DO YOU RECEIVE ANY BENEFITS? (i.e., VACATION, HOLIDAYS, SICK DAYS, VESTED PENSION OR PROFIT SHARING). IF SO, LIST THE BENEFIT AND THE AMOUNT RECEIVED FOR EACH.
  
  
  
  
  
  
  
  
  
  
9. WHAT WOULD BE THE BEST TIME AND TELEPHONE NUMBER TO CONTACT YOU AT FOR ADDITIONAL INFORMATION ON YOUR CLAIM?
  
  
  
  
  
  
  
  
  
  
10. DID YOU WORK ANY HOURS ON A NON-PUBLIC WORKS PROJECT(S) DURING THE SAME TIME PERIOD WHICH YOU ARE CLAIMING WAGES FOR? IF YES, PLEASE LIST THE NON-PUBLIC WORKS PROJECT(S).

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_