

## INSTRUCTIONS FOR FILING A GARMENT WAGE CLAIM

*The Labor Commissioner's Office will assist the claimant to fill out the claim form – in person at any local Labor Commissioner's office or by phone.*

- 1) You may walk in to any of our Labor Commissioner offices and you will be assisted with filling out the “Garment Initial Report or Claim” Form (DLSE 633 Claim Form 1).
- 2) You or your representative may fill out and submit the “Garment Initial Report or Claim” Form (DLSE 633 Claim Form 1). If you do not understand how to fill out any part of the Form, please read the “**Guide to Completing Garment Initial Report or Claim Form**” (attached to these Instructions).
- 3) Along with your completed “Garment Initial Report or Claim” Form, submit **one COPY** of the following documents, if you have them (**DO NOT SEND ORIGINAL DOCUMENTS**):
  - o **Time records.** Provide a COPY of any of your own records you kept of the hours and dates you worked that you believe support your claim. This could include, for example, your notes, journals, diaries, or calendars in which you marked your hours worked.
  - o **Paychecks and Pay Stubs.** Provide a COPY of any paychecks and pay stubs you received showing the wages you were paid during your claim period.
  - o **Dishonored (or “Bounced”) Paycheck(s).** If you were paid with a paycheck that could not be cashed by you because your employer has no account with the bank or insufficient funds in the account from which the check was drawn, provide a COPY of any such dishonored check(s) or other documentation from the bank that indicates the check could not be cashed.
  - o **Labels.** Provide a COPY of all labels including registered numbers you worked on during your alleged period.
  - o **Notice of Employment Information.** Provide a COPY if you received a Notice from your employer after January 1, 2012 that indicates your basic employment information including your rate of pay, any overtime rate of pay, whether you were paid by the hour, shift, day, week, salary, piece, commission, or otherwise, and your regular payday. Your employer may have called this a “Notice to Employee” and may reference the Labor Code Section that applies, Section 2810.5.

**NOTE:** *It is the employer's legal responsibility to keep accurate employee time and payroll records, and to provide employees with pay stubs each time they are paid (or at least semimonthly). In order to file a garment claim, you are not required to keep your own time records or to have the documents above. These documents are being requested only if you have them because they may help the Labor Commissioner's Office better understand your claim.*

- 4) If you are being assisted by an advocate or representative, you may submit a calculation prepared by your representative.
- 5) You will not be required to compute your wages owed. The Labor Commissioner's Office will assist you with these calculations.

## WHAT TO EXPECT AFTER YOU FILE YOUR CLAIM

- 1) **Settlement Conference.** In most cases, you will receive a Notice from the Labor Commissioner's Office setting a date and time for a “Conference” in which the LABOR COMMISSIONER'S OFFICE will discuss your claim with you and whether your claim has a legal basis to proceed. At the Conference, you, your employer and manufacturers will have an opportunity to discuss settlement of your claim. For the Conference, you do NOT need to bring any witnesses, but be prepared to discuss whether you have any witnesses who can testify for you at a hearing, and generally what they will testify about (if your claim does not settle). Bring a **copy (not the original)** of any document that supports your claim, but do not bring documents you have already submitted with the Garment Initial Report or Claim Form.
- 2) **Hearing.** If your claim does not settle at the Conference and has a legal basis to proceed to a hearing, you will receive a Notice from the Labor Commissioner setting a date and time for a hearing on your claim. You should be prepared to present evidence to prove your claim (for example, your testimony, the testimony of any witnesses if you have any witnesses, and/or documents if you have supporting documents). Therefore, you should be prepared to bring witnesses and documents if you have them. If you have documents that support your claim, bring the **original documents plus two sets of copies** to the hearing. At the end of the hearing, the hearing officer will explain what will happen next.

## Guide to Completing “Garment Initial Report or Claim” Form (DLSE 633 Claim Form 1)

### Preliminary Questions

1. **Retaliation.** It is unlawful for an employer to retaliate or discriminate against you (for example, fire, threaten to fire, demote, suspend or discipline you) because you complain about your working conditions, file a wage claim with the LABOR COMMISSIONER’S OFFICE, or provide information to the LABOR COMMISSIONER’S OFFICE or any government agency about your working conditions. Check the “YES” box if you have filed a retaliation complaint with the Labor Commissioner, and enter the **date you filed the complaint**. If you have not filed a retaliation complaint but would like to file one, you may ask a LABOR COMMISSIONER’S OFFICE staff for a copy of the retaliation complaint form or download it at: <http://www.dir.ca.gov/LaborCommissioner’sOffice/HowToFileDiscriminationComplaint.htm>
2. **Other Employees Filing Garment Wage Claims?** Check “YES” if you know that other employees are filing wage claims against your employer.

### PART 1: Language Assistance & Representation

- 3 a. **Interpreter Needed?** Check “YES” if your primary language is not English and you want an interpreter to assist you.
  - b. **Language.** If you checked “YES” to Box 3a indicating that you need an interpreter, enter the language of the interpreter needed.
- 4 a. **Name of Advocate.** If you are being assisted with your claim by a lawyer or other advocate, enter the **name and organization** of the person who is assisting you.
  - b. **Phone Number of Advocate.** If you are being assisted with your claim by a lawyer or other advocate, enter the **phone number** at which your advocate can be contacted.
  - c. **Mailing Address of Advocate.** If you are being assisted with your claim by a lawyer or other advocate, enter the **mailing address** of your lawyer or other advocate. Include the street name and number, as well as any floor or suite number, city, state, and zip code. The LABOR COMMISSIONER’S OFFICE will mail copies of information related to your claim to the address of your advocate that you enter here.

### PART 2: Your Information

5. **Your First Name.** Enter your **first name**.
6. **Your Last Name.** Enter your **last name**.
7. **Alias.** Enter any other names you used during the claim period.
- 8 a. **Your Home Phone Number.** Enter your **home telephone number, with area code**.
  - b. **Other Phone Number.** Enter the phone number, with area code, of **another phone** at which LABOR COMMISSIONER’S OFFICE can reach you (for example, a **cell phone** that you use).
9. **Your Date of Birth.** Enter your **date of birth**. Include the month, day, and year.
10. **Your Mailing Address.** Enter your mailing address. Include the street name and number, as well as any floor or apartment number, city, state, and zip code. LABOR COMMISSIONER’S OFFICE will mail copies of information related to your claim to your address that you enter here. **You must inform the LABOR COMMISSIONER’S OFFICE immediately of any change in your mailing address.**
11. **Position.** Enter your position and all work duties performed for your employer.
12. **Your Email Address.** Enter an email address, if any, where we can reach you.

### PART 3: Claim Filed Against (Employer Information)

13. **Employer/Business Name(s).** Enter the **complete name** of your employer against whom you are filing the claim, to the best of your knowledge. If your employer has more than one business name (including a “doing business as” or DBA name), list all names that you know.
14. **Employer License Plate Number.** Enter your employer’s vehicle **license plate number**, if you know this information.
15. **Phone Number of Employer.** Enter the **telephone number** of your employer, **with area code**, if you know this information.
16. **Address of Employer/Business.** Enter the **last known address** of your employer. List the street name; number; floor, suite or room number (if any); city; state; and zip code. This address may be different from the address where you worked (which you should list in Box 16a).
- 16 a. **Address Where You Worked.** Enter the **address where you performed work**, if different from the address you listed in Box 16. List the street name; number; floor, suite or room number (if any); city; state; and zip code.
- 17 a. **Type of Business.** Enter the **type of business or industry** in which you worked for your employer.
- 17 b. **Still in Business?** Check “YES” if you know that your employer is still operating its business.
18. **Description of Business Entity.** Check the box indicating whether your employer is a corporation, individually owned, a partnership, a limited liability company (LLC), or limited liability partnership (LLP), if you know this information.
- 19 a. **Period Worked.** Enter the specific period you worked for this company, including the date you started working and the date you stopped working.

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

- 19 b. **Claim Period.** Enter the specific period of your claim, during which you are alleging violations occurred. Please include start and end dates.
20. **Total Number of Employees.** Enter the approximate total number of workers employed by your employer, if you know.
21. **Name of Person in Charge.** Enter the **first and last name of the person in charge** at the location where you worked, if you know the name. This could be the owner, your supervisor, a manager, or another person who ran the business or oversaw your work.
22. **Owner.** Enter the **name of the owner of the business, if known.**
23. **Who Paid you?** Enter the name of the person who gave you your wages.
24. **Person Who Set Your Work Schedule.** Enter the name of the person who set the hours and days of your working hours.
25. **Did your employer have a system to record your hours worked?** Enter the method your employer used to record your hours worked if applicable.
26. **Did your employer ever make you sign a time record before the hours worked were filled in?** Check yes or no.
- 27 a. **Did someone else record your hours worked?** Check yes or no.
- 27 b. **Name and Position of the person who recorded your hours worked.** Indicate the person as well as the position of the person who recorded your hours worked.
- 28 a. **Did your employer have more than one company name during your employment period?** Check yes or no. If yes, fill out Part 4 of the claim form. If no, skip to Part 5.
- 28 b. **Do you know if Employer changed its name or sold the business?** Check yes or no. If yes, include the date of the change and fill out Part 4 of the claim form. If no, skip to Part 5.

Part 4: SUCCESSOR INFORMATION # 1

29. **Successor Name.** Enter the business name of the Successor. If no business name, enter the name of your individual employer.
30. **Successor's Vehicle License Plate #.** Enter the vehicle license plate number if available.
31. **Successor Phone.** Enter the phone number for the successor if available.
32. **Address of Successor.** Enter the Street Number, Street Name, Apartment Number, City and Zip code.
- 33 a. **Did you work for Successor?** Enter yes or no. If yes, complete this section in its entirety. If no, skip to 33d.
- 33 b. **Did you work with the same co-workers as with your first Employer?** Check yes, no.
- 33 c. **Did you work on the same labels as with your first Employer?** Check yes, no.
- 33 d. **Is there a family relationship between Successor and your first Employer?** Check yes or no. If yes, indicate the family relationship (e.g. brother and sister; father and son).
34. **Period Worked.** If the answer to 33a, above, is no, skip to 43. If you worked for the successor, indicate the specific period of your employment.
35. **Total Number of Employees.** Indicate the number of employees employed during your employment period.
36. **Name Of Person In Charge.** Indicate who was in charge of the business.
37. **Owner/Operator.** Enter the name of the owner or the individual who operated the business, if known.
38. **Who Paid You?** Enter the name of the person who paid you.
39. **Who Set Your Work Schedule?** Enter the name of the person who set your work schedule.
40. **Did your employer have a system to record your hours worked?** Enter yes or no. If yes, indicate the method.
41. **Did your employer ever make you sign a time record before the hours you worked were filled in?** Check yes or no.
- 42 a. **Did someone else record your hours worked?** Check yes or no.
- 42 b. **Name and Position of the person who recorded your hours worked.** Enter the name and position of the person who recorded your hours worked.

Part 4: SUCCESSOR INFORMATION # 2

43. **Successor Name.** Enter the business name of the Successor.
44. **Successor's Vehicle License Plate #.** Enter the vehicle license plate number if available.
45. **Successor Phone.** Enter the phone number for the successor if available.
46. **Address of Successor.** Enter the Street Number, Street Name, Apartment Number, City and Zip code).
- 47 a. **Did you work for Successor?** Enter yes or no. If yes, complete this section in its entirety. If no, skip to 47d.
- 47 b. **Did you work with the same co-workers as with Successor#1?** Check yes or no.
- 47 c. **Did you work on the same labels as with Successor#1?** Check yes or no.
- 47 d. **Is there a family relationship between Successor#2 and Successor#1?** Check yes or no. If yes, indicate the family relationship.
48. **Period Worked.** If the answer to 47a, above, is no, skip to 57. If you worked for the successor, indicate the specific period of your employment.
49. **Total Number Of Employees.** Indicate the number of employees employed during your employment period.
50. **Name of Person In Charge.** Indicate who was in charge of the business.
51. **Owner/Operator.** Enter the name of the owner who operated the business, if known.
52. **Who Paid You?** Enter the name of the person who paid you.
53. **Who Set Your Work Schedule?** Enter the name of the person who set your work schedule.

54. **Did your employer have a system to record your hours worked?** Check yes or no. If yes, indicate the method.
55. **Did your employer ever make you sign a time record before the hours you worked were filled in?** Check yes or no.
- 56 a. **Did someone else record your hours worked?** Check yes or no.
- 56 b. **Name and Position of the person who recorded your hours worked.** Enter the name of the person who recorded your hours worked.

Part 4: SUCCESSOR INFORMATION # 3

57. **Successor Name.** Enter the business name of the Successor.
58. **Successor's Vehicle License Plate #.** Enter the vehicle license plate number if available.
59. **Successor Phone.** Enter the phone number for the successor if available.
60. **Address of Successor.** Enter the Street Number, Street Name, Apartment Number, City and Zip code.
- 61 a. **Did You work For Successor?** Enter yes or no. If yes, complete this section in its entirety. If no, skip to 61d.
- 61 b. **Did you work with the same co-workers as with Successor#2?** Check yes or no.
- 61 c. **Did you work on the same labels as with Successor#2?** Check yes or no.
- 61 d. **Is there a family relationship between Successor#3 and Successor#2?** Check yes or no. If yes, indicate the family relationship.
62. **Period worked.** If the answer to 61a, above, is no, skip to 71. If you worked for the successor, indicate the specific period of your employment.
63. **Total number of employees.** Indicate the number of employees employed during your employment period.
64. **Name of person in charge.** Indicate who was in charge of the business.
65. **Owner/operator.** Enter the name of the owner or individual who operated the business, if known.
66. **Who paid you?** Enter the name of the person who paid you.
67. **Who set your work schedule?** Enter the name of the person who set your work schedule.
68. **Did your employer have a system to record your hours worked?** Check yes or no. If yes, indicate the method.
69. **Did your employer ever make you sign a time record before the hours you worked were filled in?** Check yes or no.
- 70 a. **Did someone else record your hours worked?** Check yes or no.
- 70 b. **Name and Position of the person who recorded your hours worked.** Enter the name and position of the person who recorded your hours worked.

Part 5: Claim Period and Regular Schedule

71. **Date of Hire.** Enter the **month, day, and year that you were hired** by your employer.
72. **Employment Status.** Indicate whether you **still work** for your employer; whether you **quit** your job (include the date that you quit); whether you were **discharged** (include the date that you were discharged); or whether another situation applies (check the "other" box and briefly specify your situation – for example, "on disability leave").
- 73 a. **Quit with 72 Hours Notice?** If you QUIT, did you give **72 hours notice** before quitting?
- 73 b. **Date of Final Paycheck.** If you quit, check "YES" if you have received your final paycheck including all wages owed, and then enter the **month, day, and year** that you received your final paycheck. Under the law, if you quit with 72 hours notice (and you do not have a written contract for a definite period of employment), your final paycheck is due at the time of quitting. If you quit **without** giving 72 hours notice (and you do not have a written contract for a definite period of employment), your final paycheck is due no later than 72 hours after quitting.
74. **Discharged?** If you were discharged, check "YES" if you have received your final paycheck including all wages owed, and then enter the **month, day, and year** that you received your final paycheck. Under the law, if you were discharged, your final paycheck is due and payable immediately.
75. **Employee Regular Schedule.** Fill out this table ONLY if you generally worked the same hours and days per week.
76. **How many Saturdays did you work per month?** Enter the number of Saturdays you worked per month.
77. **How many Sundays did you work per month?** Enter the number of Sundays you worked per month.
78. **Did you take a rest period of at least 10 minutes for every 4 hours you worked?** Check yes or no. If no, indicate the reason why you didn't take a rest period.
79. **Were you provided with a meal period of at least thirty (30) minutes for every five (5) hours worked?** Check yes or no. If no, indicate the reason you didn't take a meal period.
- 80a. **Have you missed work due to illness of self or a family member?** Check yes or no. If yes, specify the period you were out.
- 80b. **Have you missed work for any other reason (e.g. vacation?)** Check yes or no. If yes, specify the period you were out.
81. **Did your employer close for any major Holidays?** Check yes or no. If yes, specify all the holidays you did not work.
- 82 a. **What was the last day you actually worked?** Indicate the actual last day worked.
- 82 b. **What hours did you work on your last day of employment?** Indicate the time you started and ended your day on your last day worked.
83. **Did your schedule vary during any time of the year?(If yes, use PART 7: SEASONAL SCHEDULE)**

Part 6: Compensation and Method of Payment for Regular Schedule

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

- 84 a. **Method of Payment.** Indicate whether you received payment in cash or check. If you received payment in both cash and check, also indicate how much you received in cash and how much you received in check.
- 84 b. **If paid by check, did any of your paychecks “bounce”?** Check yes or no and specify date and amount of bounced check(s).
- 84 c. **Did you receive itemized wage statements when you received your wages?** Check yes or no to indicate whether you received a written statement when you were paid your wages that listed the pay period, the rate of pay, and all deductions.
85. **Fixed Amount (“Salaried” Employee)?** Check “YES” if you were paid or promised a fixed amount of wages regardless of the number of hours you worked. Then enter how much money you were **actually paid**, and how frequently (such as per day or every 2 weeks, etc.). If you were promised a different amount, enter that amount, and how frequently you were to be paid.
- 86 a. **Were you an HOURLY employee?** Enter the amount you were promised on an hourly rate and the amount you were actually paid per hour.
- 86 b. **If you were an HOURLY employee, were you paid or promised more than one hourly rate?** If yes, list your rate changes by date and the different amount paid per hour.
87. **Were you paid by PIECE RATE?** Enter yes if you were paid per the amount of production produced.
- 88 a. **If paid by PIECE RATE, how much did you receive per pay period?** If you were paid the same amount every pay period, indicate that amount.
- 88 b. **If paid by piece and your pay fluctuated each pay period, what were the lowest and highest piece rates you received?** Enter the lowest dollar amount and the highest dollar amount you received per pay period.

Part 7: Seasonal Schedule

89. **Seasonal Schedule Period.** Enter the period during which you worked a seasonal schedule. Include the month/day/year you began working the seasonal schedule and the month/day/year you returned to your regular schedule.
90. **Employee Seasonal Schedule.** Fill out this table ONLY if the days and hours you worked varied during a specific time of year.
91. **How many Saturdays did you work per month?** Enter the number of Saturdays you worked per month.
92. **How many Sundays did you work per month?** Enter the number of Sundays you worked per month.
93. **Did you take a rest period of at least 10 minutes for every 4 hours you worked?** Check yes or no. If no, indicate the reason why you didn’t take a rest period.
94. **Were you provided with a meal period of at least thirty (30) minutes for every five (5) hours worked?** Check yes or no. If no indicate the reason you didn’t take a meal period.
- 95a. **Have you missed work due to illness of self or a family member?** Check yes or no. If yes, specify the period you were out.
- 95b. **Have you missed work for any other reason (e.g. vacation?)** Check yes or no. If yes, specify the period you were out.
96. **Did your employer close for any major Holidays?** Check yes or no. If yes, specify all the holidays you did not work.

Part 8: Compensation and Method of Payment for Seasonal Schedule

- 97 a. **Method of Payment.** Indicate whether you received payment in cash or check. If you received payment in both cash and check, also indicate how much you received in cash and how much you received in check.
- 97 b. **If paid by check, did any of your paychecks “bounce”?** Check yes or no and specify date and amount of bounced check(s).
- 97 c. **Did you receive itemized wage statements when you received checks or cash payments?** Check yes or no to indicate whether you received a written statement when you were paid your wages that listed the pay period, the rate of pay, and all deductions.
98. **Fixed Amount (“Salaried” Employee)?** Check “YES” if you were paid or promised a fixed amount of wages regardless of the number of hours you worked. Then enter how much money you were **actually paid**, and how frequently (such as per day or every 2 weeks, etc.). If you were promised a different amount, enter that amount, and how frequently you were to be paid.
- 99 a. **Were you an HOURLY employee?** Enter the amount you were promised on an hourly rate and the amount you were actually paid per hour.
- 99 b. **If you were an HOURLY employee, were you paid or promised more than one hourly rate?** If yes, list your rate changes by date and the different amount paid per hour.
100. **Were you paid by PIECE RATE?** Enter yes if you were paid per the amount of production produced.
- 101 a. **If paid by PIECE RATE, and you were paid the same amount every pay period, how much did you receive per pay period?** Indicate the amount you received during your regular schedule.
- 101 b. **If paid by piece and your pay varied each pay period, what were the lowest and highest piece rates you received?** Enter the lowest dollar amount and the highest dollar amount you received per pay period. You may indicate the average you received per piece rate.

Part 9: WITNESS INFORMATION

102. **Witnesses** – Enter the names, addresses and phone number of witnesses if available.

Part 10: Documents Received From Claimant (for LABOR COMMISSIONER’S OFFICE use only).

SIGN & DATE THE FORM.

Part 11: Labels

- 103 a. **Label.** (Attach label or list name of label).
- 103 b. **RN #.** Provide the registered number from the Federal Trade Commission if applicable.
- 103 c. **Description of Garment.** Describe the garment and its color.
- 103 d. **Clothing specific to gender.** Check the appropriate box to indicate if the clothing is specific to men, women, juniors, or children.
- 103 e. **How often did you make clothes with this label?** Indicate if you worked on this label daily, weekly or monthly.
- 103 f. **During what period did you make clothes with this label?** Indicate the specific period of time you worked on this label.
- 103 g. **Can you estimate % per day, week or month?** If possible, indicate the percentage you worked on this label on a daily, weekly or monthly basis.
- 103 h. **Do you have a sample of garments sewed for this label?** Enter yes or no. If yes, provide a sample of this garment to the LABOR COMMISSIONER'S OFFICE.
- 103 i. **Do you know where the completed garments were delivered to?** Enter yes or no. If yes, indicate the address where the completed garments were delivered to.
- 103 j. **Do you know the name of company to whom the completed garments were delivered?** Enter yes or no. If yes, indicate the company where the completed garments were delivered.
- 103 k. **Did anybody other than your supervisor check, inspect or direct your work on this label?** Check yes or no.  
**What was the person's name?** Enter the name of the person who inspected, supervised or directed your work on this label.  
**How often did they come to the factory?** Indicate the frequency the person or company came to the factory.  
**How do you know they were associated with this label?** Indicate how you know the person or company is associated with this label. For example, did they identify themselves to you, wear a nametag, or did your supervisor or someone else tell you?  
**Did they speak to you directly?** Check yes or no. If yes, indicate what they said.  
**If they found a mistake, what happened?** Explain what would occur if a mistake occurred.  
**Did you ever have to work overtime to correct a mistake?** Check yes or no to indicate if you ever worked more than eight (8) hours in one day to correct a mistake made on garments produced for this label.  
**If yes, how was that communicated to you?** Indicate who instructed you to stay longer and what was said.  
**Did you ever have to work overtime to meet a deadline for delivery?** Check yes or no to indicate if you ever worked more than eight (8) hours in one day to meet a deadline on this label.  
**If yes, how was that communicated to you?** Indicate who instructed you to stay longer and what was said.  
**Were you ever instructed to give this label priority?** Check yes or no.  
**If yes, how was that communicated to you?** Indicate who instructed you to prioritize this label and what was said.

Part 12: Wages, Compensation & Penalties Owed

104. **CLAIMS** - Check the box for each claim you are making, and fill in the claim period and amount earned/claimed.
105. **Check box if you are claiming:**  **Attorney's Fees** (Labor Code 2673.1(f))