

CLEAR

PRINT

## Initial Report or Claim

### FOR OFFICE USE ONLY

Taken by:

Case#:

Date filed:

**IS THIS CLAIM RELATED TO YOUR EMPLOYER'S WRONGFUL CLASSIFICATION OF YOU AS AN INDEPENDENT CONTRACTOR INSTEAD OF AN EMPLOYEE?** ☐ YES ☐ NO

### PRELIMINARY QUESTIONS

1. Is your claim about a **public works project**? [If your answer is "YES," STOP here, DO NOT FILL OUT THIS FORM, and fill out the "PW-1" claim form instead. If your answer is "NO," proceed with this form.]

2. Have you filed a **retaliation complaint** against your employer with the Labor Commissioner?

☐ YES, on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

☐ NO [ If you have been retaliated against, you may file a retaliation complaint by filling out another form, "RCI 1 Form"]

3. Is there a **union contract covering your employment**?

☐ YES [If "YES," attach a copy of the Collective Bargaining Agreement.]  
☐ NO

4. Are other employees also filing wage claims against your employer? ☐ YES ☐ NO ☐ DON'T KNOW

### Part 1 : LANGUAGE ASSISTANCE & REPRESENTATION

5a. Do you need an interpreter?

☐ YES ☐ NO

5b. If you checked "YES" to Box 5a, enter the language needed

6a. If you are being assisted with your claim by a lawyer or other advocate, enter your ADVOCATE'S NAME and ORGANIZATION

6b. ADVOCATE'S PHONE

( )

6c. Your ADVOCATE'S MAILING ADDRESS (Number, Street, Floor, Suite)

CITY

STATE

ZIP CODE

### Part 2 : YOUR INFORMATION

7. Your FIRST NAME

8. Your LAST NAME

9. HOME PHONE

10. OTHER PHONE

11. BIRTH DATE

( )

( )

11a. Your EMAIL ADDRESS

12. Your MAILING ADDRESS (Street Number, Street Name, Apartment Number)

CITY

STATE

ZIP CODE

### Part 3 : CLAIM FILED AGAINST ( EMPLOYER INFORMATION)

13. EMPLOYER / BUSINESS NAME(S)

14. EMPLOYER'S VEHICLE LICENSE PLATE #

15. EMPLOYER PHONE

( )

15a. EMPLOYER'S EMAIL ADDRESS

16. ADDRESS of EMPLOYER / BUSINESS (Street Number, Street Name, Floor, Suite):

CITY

STATE

ZIP CODE

17. ADDRESS where you worked, if different from Box 16 (Number, Street, Floor, Suite):

CITY

STATE

ZIP CODE

18. NAME of PERSON IN CHARGE (First Name, Last Name)

19. JOB TITLE / POSITION of PERSON IN CHARGE

20. TYPE OF BUSINESS

21. TYPE OF WORK PERFORMED

22. TOTAL NUMBER OF EMPLOYEES

23. EMPLOYER STILL IN BUSINESS?

☐ YES ☐ NO ☐ DON'T KNOW

24. Check which box describes your employer, if you know: ☐ CORPORATION

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ LLC

☐ LLP

PRINT YOUR NAME: \_\_\_\_\_

### Part 4 : FINAL WAGES / BOUNCED CHECKS

<b>25. DATE OF HIRE</b>  ____/____/____ Month Day Year	<b>26. Check which box applies to you:</b>  <input type="checkbox"/> Still working for employer <input type="checkbox"/> QUIT on ____/____/____ <input type="checkbox"/> DISCHARGED on ____/____/____ Month Day Year    Month Day Year    Month Day Year  Other (specify): _____
<b>27a. If you QUIT, did you give 72 hours notice before quitting?</b>  <input type="checkbox"/> YES  <input type="checkbox"/> NO	<b>27b. If you QUIT, have you received your final payment of wages including all wages owed?</b>  <input type="checkbox"/> YES, on: ____/____/____ Month Day Year  <input type="checkbox"/> NO
<b>28. If you were DISCHARGED, have you received your final payment of wages including all wages owed?</b>  <input type="checkbox"/> YES, on: ____/____/____ Month Day Year  <input type="checkbox"/> NO	
<b>29a. How were your wages paid?</b>  <input type="checkbox"/> BY CHECK <input type="checkbox"/> BY CASH <input type="checkbox"/> BY BOTH CASH & CHECK  <input type="checkbox"/> OTHER: _____	<b>29b. If paid by check, did any of your paychecks "bounce" (for example, paycheck could not be cashed because employer has insufficient funds)?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO

### Part 5 : HOURS YOU TYPICALLY WORKED

<b>30. Check which box applies:</b> <input type="checkbox"/> My work hours and days of work were usually the same each week that I worked.  <input type="checkbox"/> My work hours and/or days of work varied per week or were irregular. <b>If you checked this box and you are claiming unpaid wages or meal and rest period violations, you should also fill out and submit the DLSE FORM 55.</b>								
<b>31. If your work hours and days of work were usually the same each week, give your BEST ESTIMATE below of the hours you usually worked and any time you took for a duty-free meal period during your TYPICAL workweek. DO NOT fill this out if your work hours were too irregular to estimate a typical or average workweek (instead fill out the DLSE Form 55).</b>								
	TIME WORK STARTED	TIME WORK ENDED	1st MEAL START TIME (if applicable)	1st MEAL END TIME (if applicable)	2nd MEAL START TIME (if applicable)	2nd MEAL END TIME (if applicable)	ONLY IF YOU WORKED A SPLIT SHIFT:	
<b>DAY 1</b> of your workweek:	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	2nd shift started at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 2</b> of your workweek:	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> m	2nd shift started at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 3</b> of your workweek:	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	2nd shift started at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 4</b> of your workweek:	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> m	2nd shift started at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 5</b> of your workweek:	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> m	2nd shift started at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 6</b> of your workweek:	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	2nd shift started at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 7</b> of your workweek:	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> m	2nd shift started at ____ <input type="checkbox"/> am ____ <input type="checkbox"/> pm

## Part 6 : PAYMENT OF WAGES

32. Were you paid or promised a <b>FIXED amount of wages per pay period, no matter how many hours you worked</b> (for example, \$400 per week, regardless of how many hours you worked)? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
I was paid \$ _____ per <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> every 2 weeks <input type="checkbox"/> month <input type="checkbox"/> semi-monthly	
I was promised \$ _____ per <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> every 2 weeks <input type="checkbox"/> month <input type="checkbox"/> semi-monthly	
33a. Were you an <b>HOURLY</b> employee? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	33b. If you were an <b>HOURLY</b> employee, were you paid or promised <b>more than one hourly rate</b> (based on the hours you worked or different job tasks)? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
I was paid \$ _____ per hour.  I was promised \$ _____ per hour.	If YES, please specify:
34. Were you paid by <b>PIECE RATE</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	35. Were you paid by <b>COMMISSION</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO

## Part 7 : WAGES, COMPENSATION & PENALTIES OWED

36. CLAIMS (Check all boxes below that apply)	CLAIM PERIOD: START DATE (Month/ Day/ Year)	CLAIM PERIOD: END DATE (Month/ Day/ Year)	AMOUNT EARNED / CLAIMED
<input type="checkbox"/> REGULAR WAGES (for non-overtime hours)			\$
<input type="checkbox"/> OVERTIME WAGES (including double time)			\$
<input type="checkbox"/> MEAL PERIOD WAGES			\$
<input type="checkbox"/> REST PERIOD WAGES			\$
<input type="checkbox"/> SPLIT SHIFT PREMIUM			\$
<input type="checkbox"/> REPORTING TIME PAY			\$
<input type="checkbox"/> COMMISSIONS ***			\$
<input type="checkbox"/> VACATION WAGES ***			\$
<input type="checkbox"/> BUSINESS EXPENSES			\$
<input type="checkbox"/> UNLAWFUL DEDUCTIONS			\$
<input type="checkbox"/> PAID SICK LEAVE			\$
<input type="checkbox"/> PAID SICK LEAVE Supplemental Paid Sick Leave			\$
<input type="checkbox"/> OTHER [provide separate explanation]			\$
<b>ENTER SUBTOTAL (add all Amounts Earned/Claimed):</b>			\$
<b>ENTER TOTAL AMOUNT PAID:</b>			\$
<b>GRAND TOTAL OWED [Subtotal minus Total Amount Paid]:</b>			\$
37. Check box(es) if you are claiming: <div style="display: flex; flex-wrap: wrap; padding-left: 20px;"> <div style="width: 50%;"><input type="checkbox"/> Waiting time penalties [Labor Code §203]</div> <div style="width: 50%;"><input type="checkbox"/> Penalties for “bounced” checks (checks issued with insufficient funds) [Labor Code §203.1]</div> <div style="width: 50%;"><input type="checkbox"/> Penalties for late payment wages [Labor Code §210]</div> <div style="width: 50%;"><input type="checkbox"/> Liquidated damages for late payment wages [Labor Code §1194.2]</div> <div style="width: 50%;"><input type="checkbox"/> Compensatory damages for willful misclassification [Labor Code §226.8]</div> </div>			

*The amounts claimed are based on my best estimates at this time and may be adjusted based on further information, or based on assistance with my claim provided by DLSE.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_