APPLICATION FOR WAGE CLAIM

State Form 2069 (R6 / 3-22)
INDIANA DEPARTMENT OF LABOR

Wage Claim # _____

INDIANA DEPARTMENT OF LABOR
WAGE AND HOUR DIVISION
402 West Washington Street, Room W195
Indianapolis, IN 46204

(Please type or print your response and be sure to answer all questions)

Employee	***Employer***
Name	*Name*
Address	*Address*
City	*City*
State, and ZIP code	*State, and ZIP code*
Telephone number	*Telephone number*
E-mail address	

Amount of Claim	*$*	***Length of Employment:***	***From***		***To***	

Address Where Work Was Performed:									
Reason for Leaving Employment:									
Reason Given For Non-Payment:									
Wage Agreement:	***Hourly***	*$*	***Salary***	*$*	***Commission***	*$*	***Piece Rate***	*$*	
Type of Claim: Check box(s)	*Minimum Wage Complaint*		*Non-Payment of Overtime*		*Non-Payment of Vacation*		*Payroll Deduction*	*Non-Payment of Paycheck(s*	

INSTRUCTIONS:
(1) ***Show, mathematically, how you calculated the amount of your claim***
(2) ***Be sure to list the dates of non-payment, including hours worked each day with beginning and ending times***
(3) ***Submit supporting documentation***

Incomplete Forms
Any incomplete Application For Wage Claim will be returned to its sender in its entirety without any action taken from our Department.

Disclaimer
I hereby certify under the penalty of perjury that the above statements are true. The Department of Labor has the right to reject this claim at any time if, in the judgment of the Commissioner of Labor, said claim is not valid.

Date Received *(Office Use Only)*

Signed		**Dated**	