

# Wage Claim

## Part 1 – Claimant Information

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>
<b>Social Security Number:</b>	<b>Phone Number:</b>	<b>Email Address:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>

## Part 2 – Employer Information

<b>Name of Business:</b>		
<b>Was work performed in Iowa?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are you Union Contract Covered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Have you retained an Attorney?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

## Part 3 – Reason of Claim

<b>Explain the reason for filing your claim and the circumstances:</b>	<b>Requested Claim Amount: \$</b>
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By signing below, I certify that the information on this form and the attachments (if any) is true and accurate to the best of my knowledge.

I assign in trust this claim and all penalties accruing of non-payment, and liens securing them, to the Iowa Department of Inspections, Appeals, and Licensing (DIAL) Director or Designee. This assignment shall become effective upon a determination by the DIAL Director or Designee that I have an enforceable claim. I authorize the DIAL Director or Designee to settle this claim. I authorize the DIAL Director or Designee to receive payment for this claim, and authorize such payment to be mailed to me unless I have made a different arrangement with the DIAL Director or Designee.

I understand that I must cooperate as required by the DIAL Director or Designee, and it is my responsibility to provide sufficient information to demonstrate the claim due. I understand that there is no guarantee that the DIAL Director or Designee will accept my claim and collect on it.

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Signature

\_\_\_\_\_  
Date