

**NEW MEXICO DEPARTMENT OF
WORFORCE SOLUTIONS**

Labor Relations Division
1596 Pacheco St Ste 201
Santa Fe, NM 87505
Phone # (505) 827-6817

FOR OFFICE USE ONLY

CASE #: _____

COUNTY: _____

STATEMENT OF WAGE CLAIM

INSTRUCTIONS:

1. Please print clearly in black ink and in English.
2. If you can afford an attorney you cannot proceed with the Statement of Wage Claim Form as per (Section 50-1-3, NMSA, 1978)
3. Please notify us immediately if you change your address or phone number.
4. Do not fill out this form if you have worked as an independent contractor.

PLEASE NOTE THE FOLLOWING:

This claim form will be returned to you if it is incomplete or unreadable. This division has jurisdiction over **wage issues only**. We cannot assist you in obtaining payment for time not worked (holiday pay, severance pay, etc.) or for expenses, tax issues, or pension plan issues.

Name: _____

Your Address: **(Street & Number)** _____

City: _____ State & Zip Code _____

Your Telephone Number: _____ Type of Work Done: _____

Name of Company: **(Employer)** _____

Company Address: **(Street & Number)** _____

City: _____ State & Zip Code: _____

Employer's Telephone Number: _____ Date Hired: _____

Name of Person in Charge: _____

Number of hours per week: _____ Quit Discharged Date of Separation _____

City where work was performed: _____ County _____

Was work under a union agreement? Yes No

Approximate dates and hours for which wages have not been paid: _____

Rate of pay: \$ _____ per hour, day, week **(Circle One)** Total amount claimed: \$ _____

TYPE OF WAGES CLAIMED (Please check)

- ___ Commission(s) Piecework or Flat Rate Schedule
- ___ Overtime wages (time and one-half)
- ___ Final paycheck(s) not received or incorrect

- ___ Minimum wage
- ___ Not paid for all hours worked
- ___ Unauthorized Deductions

PUBLIC WORKS PROJECTS

CONSTRUCTION ONLY: Did you work on a construction project funded with state or local dollars? (school, courthouse, senior citizens center, etc.)
Yes or No (**Circle One**)

If yes, give name and location of project: _____

Name of Primary/General Contractor: _____

Wage Decision #: _____ Were wage rates posted? Yes or No (**Circle One**)

Job Title: _____

Duties: _____

Tools used: _____

Other employees who worked with you or had knowledge of your work: _____

OTHER REMARKS: _____

STUDENTS ONLY: If not a high school graduate, please specify your age: _____.

If under the age of 18 Parent/Guardian must sign

In signing this form, I hereby certify the following:

That this is a true statement of wages due me to the best of my knowledge and belief.

Signed: _____

Date: _____

NOTARY PUBLIC

STATE OF NEW MEXICO

COUNTY OF _____

On the _____ day of _____, 20____ before me personally appeared

_____ known to me (or known to at least one (1) of the judges of the court; or proven to be such person by the testimony of at least two (2) reliable witnesses) to be the person whose name is subscribed to this writing and acknowledged that he/she executed the same for the purpose herein contained as his/her free act and deed.

MY COMMISSION EXPIRES: _____

Notary Bond filed with the Secretary of State

(NOTARY PUBLIC)