

**LABOR RELATIONS DIVISION****WWW.DWS.STATE.NM.US**401 Broadway Blvd NE
Albuquerque, NM 87102226 South Alameda Blvd
Las Cruces, NM 880051596 Pacheco St, Suite 103
Santa Fe, NM 87505**FOR OFFICE USE ONLY****CASE #:** _____ **COUNTY:** _____**WAGE CLAIM FORM****INSTRUCTIONS:**

1. Fill in the entire form. IF YOU NEED assistance filling out the form or translation, please call the Labor Relations Division at (505) 841-4400, Monday through Friday from 8:00 a.m. to 5:00 p.m., or visit any office of the New Mexico Department of Workforce Solutions statewide. A list of offices is available at <https://www.dws.state.nm.us> (click on "OFFICE LOCATIONS" at the top right).
2. You can submit this form by mail, by fax, or in person at any office of the New Mexico Department of Workforce Solutions or the Labor Relations Division, or by email to wage.claimssubmiss@state.nm.us.
3. Please notify us **immediately** if you change your address, email address, or phone number.

1. Name: _____
2. Address: **(Street & Number)** _____
3. City: _____ 4. State & Zip code: _____
5. Your telephone number: _____ 6. What language do you prefer? _____
7. Your email: _____ 8. How do you prefer to be contacted? _____ Email _____ Mail
9. Name of Company: **(Employer)** _____
10. Company Address: **(Street & Number)** _____
11. City: _____ 12. State & Zip Code: _____
13. Name of supervisor: _____ 14. Employer's telephone number: _____
15. City/County where work was performed: _____ 16. Your position/title _____
17. Date hired: _____ 18. Date of Separation: _____, **or** I still work for this employer _____
19. Hours worked per week: _____ *(If hours varied or changed over time, please explain on next page)*
20. Rate of Pay: \$ _____ per hour, day, week, or other _____ **(Circle One)**
21. Did your employer give you a receipt or a pay stub with your pay? _____ Yes _____ No



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401 Broadway Blvd NE
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22. REASON FOR FILING CLAIM (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Commission pay | <input type="checkbox"/> State Minimum wage (\$7.50) |
| <input type="checkbox"/> Overtime wages (time and one-half) | <input type="checkbox"/> Not paid for all hours worked |
| <input type="checkbox"/> Final paycheck (not received or incorrect) | <input type="checkbox"/> Unlawful deductions |
| <input type="checkbox"/> Non-discretionary bonus (hiring/retention/attendance) | <input type="checkbox"/> Higher minimum wage |
| <input type="checkbox"/> Vacation pay or paid time off | |

23. Approximate dates wages have not been paid: _____

24. Approximate work hours unpaid: _____ (if you do not know, please explain below)

25. Total amount claimed: \$ _____ (if you do not know, please explain below)

26. Have you demanded these wages from your employer? ☐ Yes ☐ No If yes, when? _____

27. Was work under a union agreement? ☐ Yes ☐ No

28. Have you tried to file this claim with us before? ☐ Yes ☐ No If yes, when? _____

29. Are you aware of other employees at this business impacted by similar issues? ☐ Yes ☐ No
If yes, please explain below.

30. Has your employer fired you, cut your hours or responsibilities, or taken any other action against you because of the issues that led you to file this claim? ☐ Yes ☐ No If yes, please explain below.

OTHER INFORMATION: _____

In signing this form, I certify that everything in this form is true to the best of my knowledge and belief.

Signature _____ Date _____