



I-91-201E
R 11/21

WAGE CLAIM PROCEDURES FOR EMPLOYERS

As a result of the wage claim that has been filed against you, the Department is requesting your cooperation in determining the facts and circumstances of this claim.

Please complete and return the Employer’s Answer to Claim for Wages form along with copies of any pertinent documents, including the claimant’s payroll and employment records, employment contracts and records of hours worked. If wages are owed to the claimant please remit a check, made payable to the claimant, for the undisputed portion of the wages owed.

You have 14 days from the date of this notification to respond to the claim. If additional time is required, an extension may be requested by contacting the Compliance Officer handling your claim. If the Department does not receive your written response or request for extension within 14 days of the date of this notification, a Determination may be issued based on the available information along with any applicable penalties.

If either party disagrees with the Determination, you have 14 calendar days from the mail date on this notice to file an appeal with the Idaho Department of Labor. An appeal must be submitted in writing and signed by the appellant or the appellant’s representative. It may include the basis for your appeal along with supporting evidence. An appeal may be emailed to **WageHour@labor.idaho.gov** or faxed to the Wage and Hour Section at **(208) 639-3257**. An appeal can be mailed to the Wage and Hour Section at the address listed on the Determination and must be postmarked no later than the last day to appeal. A faxed or emailed appeal received by the Wage and Hour Section on a weekend or holiday shall be deemed filed on the next business day. As a result of filing an appeal, a telephone hearing will be scheduled in which all interested parties will be invited to participate. If no appeal is filed by the 14th day, this Determination shall become final.

If no appeal is filed within the specified time period, the Determination will become final and the Department will enforce the Determination pursuant to the provisions of Idaho Code §§ 45-620 and 45-621.

If the full amount of the wages is paid prior to the filing of a lien pursuant to Idaho Code § 45-620, the maximum penalty shall not exceed five hundred dollars (\$500.00).

If you have any further questions, please contact the Wage and Hour Section at the nearest Department of Labor office listed below. Thank you for your cooperation in this matter.

BOISE

317 W Main Street
Boise, ID 83735-0910
(208)332-3579 ext.
3506

IDAHO FALLS

1515 East Lincoln Road
Idaho Falls, ID 83401
(208) 332-3579 ext 3559

CANYON COUNTY

4514 Thomas Jefferson St.
Caldwell, ID 83605-5100
(208) 332-3579 ext 3195

KOOTENAI COUNTY

600 N. Thornton St.
Post Falls, ID 83854
(208) 332-3579 ext 3978

POCATELLO

430 N 5TH Avenue
P O Box 4087
Pocatello, ID 83205-4087
(208) 332-3579 ext 3659

KOOTENAI COUNTY
600 N. Thornton Street
Post Falls, ID 83854

POCATELLO
430 N. 5th Ave.
P.O. Box 4087
Pocatello, ID 83205-4087

**IDAHO DEPARTMENT OF LABOR
WAGE AND HOUR SECTION
317 W. MAIN STREET
BOISE, ID 83735-0910**

IDAHO FALLS
1515 East Lincoln Road
Idaho Falls, ID 83401-2129

CANYON COUNTY
4514 Thomas Jefferson St.
Caldwell, ID 83605-5100

**EMPLOYER'S ANSWER TO CLAIM FOR
WAGES**

Please complete this form as accurately as possible. Additional statements or evidence must be attached. Should you fail to provide the requested information on this form the Department may rely upon information otherwise provided to determine the merits of the worker's wage claim.

WORKER'S NAME: _____

EMPLOYER: _____ Individual Partnership Corporation
(Complete Legal Name)

ADDRESS: _____ Telephone Number: _____

EMPLOYER'S EIN OR SOCIAL SECURITY NUMBER: _____

EMPLOYER'S SUTA NUMBER: _____

1. If an investigation is required to resolve this wage claim, who should the Department contact?
NAME: _____ Telephone Number: _____
2. Was the worker leased from a staffing agency? Yes No If YES, please provide:
Staffing Agency's Name: _____
Address: _____
Telephone Number: _____
3. When was the worker hired? _____ When was the last day physically worked? _____
4. The worker was: Discharged Quit Laid Off Other Date of Separation: _____
5. Pay Rate: _____ Average days worked per week: _____ Average hours worked per day: _____
6. Wages were paid: weekly bi-weekly bi-monthly monthly other Regularly scheduled paydays were: _____
7. Was there a written contract? Yes No If YES, please attach a copy.
8. Do you dispute any portion of the amount of wages being claimed by the worker? Yes No
If YES, please explain under "Additional Information" and provide any supporting documentation.
9. Did you have the worker's written authorization to deduct money, other than taxes, from their wages?
Yes No If YES, please attach a copy.
10. Additional information (use additional sheets, if necessary) _____

PERSON COMPLETING EMPLOYER'S ANSWER (please print): Name: _____
Title: _____
Date: _____

I, the undersigned, affirm the above information is true and correct to the best of my knowledge.

SIGNATURE OF EMPLOYER (or Authorized Representative): Name: _____
Title: _____