IDAHO DEPARTMENT OF LABOR
BRAD LITTLE, GOVERNOR
JANI REVIER, DIRECTOR

# 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 answers 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 Wage and Hour at **208-639-3257**. An appeal can be mailed to Wage and Hour 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 Wage and Hour 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 Wage and Hour at the nearest Idaho Department of Labor office listed below. Thank you for your cooperation in this matter.

**Wage and Hour office locations**

| Boise | Caldwell | Idaho Falls | Pocatello | Post Falls |
|---|---|---|---|---|
| 317 W. Main St<br>Boise, ID 83735<br>208-332-3575 | 4515 Thomas Jefferson St.<br>Caldwell, ID 83605<br>208-364-7781 | 1515 E. Lincoln Road<br>Idaho Falls, ID 83401<br>208-557-2500 | 430 N. 5th Ave.<br>Pocatello, ID 83201<br>208-236-6710 | 600 N. Thornton St.<br>Post Falls, ID 83854<br>208-457-8789 |

# Employer answers 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.

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Fields outlined in red are required

**Worker (Claimant)**

Name: SSN:

Mailing address:

**Employer (Respondent)** **Phone numbers**

Complete business name: Office:

Mailing address: Alternate:

(P.O. box, street or route, unit #, city, state, zip code) Payroll phone:

Workplace location: Payroll contact:

Point of contact for investigation: POC phone:

Email: EIN or SSN:

Entity type: ◯ Individual ◯ Partnership ◯ Corporation SUTA/UI number:

**Staffing agency (Please provide if worker was leased from staffing agency)**

Agency name: Phone:

Address: Email:

**About job**

Date hired: Pay rate: per Hourly No. of hours worked per day:

First date worked: Paydays: Bi-weekly No. of days worked per week:

Last date worked: Scheduled paydays: Type of separation: ☐ Quit/discharged

Date separated: e.g. Friday, 1st and 15th ☐ Laid off

Was there a written/signed contract between your company and claimant? ◯ Yes ◯ No ☐ Still employed

Do you have policies which address this claim for which the claimant has signed? ◯ Yes ◯ No ☐ Other

Do you dispute any portion of the amount of wages being claimed by the worker? ◯ Yes ◯ No

Did you have the worker's written authorization to deduct money, other than taxes, from their wages? ◯ Yes ◯ No

**If you answer Yes to any of the above questions, please provide a copy of the documentation/s and signature pages.**

Additional information:

**I, the undersigned, affirm that the information on this claim form is true and correct to the best of my knowledge.**

Name and title of person completing form | Date | Name and title of owner or authorized representative