



Pay Stub Claim Form
Oklahoma Department of Labor
 www.labor.ok.gov

Oklahoma Dept of Labor
 Attn: ESD
 409 NE 28th St, 3rd Floor
 Oklahoma City, OK 73105
 405-521-6100
 888-269-5353

Before completing this form **PLEASE READ ALL INSTRUCTIONS** printed on reverse side

1. YOUR NAME	AGE	GENDER	DATE
2. HOME TELEPHONE	CELL#	YOUR EMAIL	
3. YOUR ADDRESS	CITY	STATE	ZIP CODE
4. CLAIM FILED AGAINST (Name of Business)	OWNER/MANAGER	BUSINESS TELEPHONE	
5. BUSINESS ADDRESS	CITY	STATE	ZIP CODE
6. TYPE OF BUSINESS	DESCRIBE WORK PERFORMED		
7. BUSINESS FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, case number:	ARE YOU AN INDEPENDENT CONTRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. ADDRESS WHERE WORK WAS PERFORMED: Street	City	County	
9. WERE TAXES DEDUCTED FROM YOUR CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF EMPLOYMENT	From (MM/DD/YYYY)	To (MM/DD/YYYY)
10. BUSINESS STILL OPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE REGULAR WORKING HOURS SET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. DID YOU AUTHORIZE DEDUCTIONS OTHER THAN REGULAR PAYROLL TAX, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what deductions?			
12. DID YOU RECEIVE A PAY STUB FROM YOUR EMPLOYER OUTLINING AND/OR SHOWING ALL DEDUCTIONS FROM YOUR PAYCHECK? (TAXES, INSURANCE, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
13. WHO HIRED YOU?	WAS EMPLOYMENT AGREEMENT: <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN If written, attach copy to claim form.		
14. HAVE YOU ASKED FOR YOUR PAY STUBS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
15. SALARY OR HOURLY RATE OF PAY (Examples: \$7.25 per hour, 20% commission)	REGULARLY SCHEDULED PAYDAYS Weekly Bi-Weekly Monthly Bi-Monthly Other (specify):		
16. REASON GIVEN BY EMPLOYER FOR NOT PROVIDING PAY STUBS			

40 O.S. § 165.2, in part

With each payment of wages earned by such employee, the employer shall issue to such employee a brief itemized statement of any and all deductions therefrom.

Date(s) pay stubs were due (MM/DD/YYYY):

FOR OFFICE USE ONLY

Walk In: Yes No FILE DATE: _____

FILE NO: _____ ID: _____

Instructions for Filing a Pay Stub Claim Form

The Oklahoma Department of Labor (ODOL) serves as an advocate for Oklahoma's workforce. ODOL labor compliance officers investigate the validity of pay stub claims. For more information about Oklahoma wage laws, access the ODOL website at www.labor.ok.gov.

Please read and follow the instructions below:

- To assist the ODOL process your claim and to expedite our investigation, you **must have asked** your employer for the pay stubs you believe are due you before completing and filing this form with ODOL.
- This form **must be filled in completely**. Be thorough when explaining your claim including all dates related to your claim.
- This claim form **must be signed or it will be returned to you**, causing a delay in processing your claim. You can personally return or mail your completed claim form to the office of the Oklahoma Department of Labor (409 NE 28th St, 3rd Floor, Oklahoma City, OK 73105).
- Your employer will be notified via Priority Mail of your complaint and must respond in writing to your investigating officer within 15 calendar days of receipt of the claim. This response period may be extended by your investigative officer for good cause. We **must have a valid mailing address for the business you are filing your claim against in order to process your claim**.
- Attach any documents (i.e. time sheets, company policy, prior pay stubs, etc.) if available to avoid any delays in processing time.

USE THIS SPACE FOR FURTHER DETAIL IF NECESSARY, OR ATTACH ADDITIONAL INFORMATION:

PERSON THROUGH WHOM YOU CAN **ALWAYS** BE REACHED:

NAME: _____ TELEPHONE: _____ RELATIONSHIP: _____

In accordance with 12 O.S. §426,¹ I state, under penalty of perjury, under the laws of the State of Oklahoma that the foregoing pay stub claim is true and correct.

Date: _____ County & City where signed: _____

Signature: _____

¹12 O.S. §426 Whenever, under any law of Oklahoma or under any rule, order, or requirement made pursuant to the law of Oklahoma, any matter is required or permitted to be supported, evidenced, established, or proved by the sworn statement, declaration, verification, certificate, oath, or affidavit, in writing of the person making the same (other than a deposition, or any oath of office, or an oath required to be taken before a specified official other than a notary public), the matter may with like force and effect be supported, evidenced, established, or proved by the unsworn statement in writing of the person made and signed under penalty of perjury setting forth the date and place of execution and that it is made under the laws of Oklahoma . . . The signed statement under penalty of perjury shall constitute a legally binding assertion that the contents of the statement to which it refers are true.