

**TEXAS WORKFORCE COMMISSION  
WAGE CLAIM INFORMATION  
TEXAS PAYDAY LAW**

When a wage claim is received by the Labor Law Department, the claimant is notified by mail that it has been received and is given an estimate of the date by which the Commission will issue a Preliminary Wage Determination Order (PWDO). Simultaneously, the employer is notified that a wage claim was filed and a response to that claim is requested.

Once a wage claim is in the process of being investigated, an investigator may contact either party if additional information is needed.

Based on the investigation, the Commission will issue a PWDO. Both the claimant and the employer will have appeal rights to the PWDO.

If you choose to appeal the PWDO, you must send a written request within 21 calendar days from the date the PWDO is dated. If neither the claimant nor the employer requests an appeal or judicial review, and if the amount ordered due is not submitted by the employer within 30 days after the date of the PWDO, the PWDO will become a Final Order. Our Collections Unit will pursue collection action of the amount from the employer.

**Wage amounts awarded in wage claim cases are not drawn from state funds. Any monies that are determined due to a claimant must first be collected from the employer before they are paid out.**

If the money cannot be collected, then a lien may be filed as a permanent record of the debt owed to the claimant by the employer. Any money collected on a claimant's behalf will be forwarded to the most current address we have on file. It is the claimant's responsibility to notify the Commission in writing if his or her address or phone number changes at any time.

For more information:

**TEXAS WORKFORCE COMMISSION, LABOR LAW DEPARTMENT  
101 EAST 15<sup>TH</sup> STREET, AUSTIN, TEXAS 78778-0001**

**Telephone (800) 832-9243 or (512) 837-9559 or  
TDD (800) 735-2989 (Hearing Impaired)**

**<http://www.texasworkforce.org/customers/jsemp/jsempsub8.html>**

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**IMPORTANT! YOUR CLAIM MUST BE SIGNED AND SWORN BEFORE A NOTARY PUBLIC  
OR A TWC REPRESENTATIVE. YOU MUST FILL OUT THE FORM COMPLETELY.  
INFORMATION YOU SHOULD CONSIDER BEFORE FILING A WAGE CLAIM**

Wage problems can often be cleared up by discussing them with your employer. Before filing a claim for unpaid wages, you may want to advise your employer that the Texas Payday Law, Title 2, Chapter 61, Texas Labor Code provides that:

1. Your employer must pay you at least once a month if you are not subject to the overtime provisions of the Fair Labor Standards Act. All others must be paid at least semimonthly.
2. If you are absent on payday, you are entitled to be paid at your request on a regular business day.
3. If you leave your work for a reason other than by discharge, you must be paid in full not later than the next regularly scheduled payday.
4. If discharged, you must be paid in full not later than the sixth day after termination.
5. Bonuses or wages paid on a commission basis are due in a timely manner, according to the terms of agreement entered into between employee and employer.
6. You may be entitled to unpaid wages for unused "fringe benefits" (vacation, holiday, sick leave, parental leave, or severance pay), only if your employer provides for these benefits in a written policy or agreement.
7. Your wages may be withheld only if the employer:
  - a. Is ordered to do so by a court;
  - b. Is authorized by state or federal law (e.g. payroll taxes); or
  - c. Has your written authorization to make the deductions.

IF YOU FEEL YOUR RIGHTS UNDER THE PAYDAY LAW HAVE BEEN VIOLATED, YOU MAY FILE A WRITTEN WAGE CLAIM. YOU SHOULD KNOW THAT A WAGE CLAIM CANNOT BE ACCEPTED IF:

- Your wage claim is **not filled out completely, legibly and accurately, and signed and sworn to**. The claim should identify each type of unpaid wage claimed and how you determined the amount due to you. If there is insufficient information on the wage claim to contact the employer, your claim will be dismissed.
- Your wage claim is faxed or if it is a photocopy **without the original signatures of both you and the witness**.
- You acted as an "independent contractor" and not as an "employee" of the business.
- You were employed by a close relative (such as: mother, grandfather, or father-in-law).
- Your employer filed for bankruptcy (if so, you may need to file proof of claim directly with the Bankruptcy Court).
- You were employed by the federal government, the state, or a political subdivision of the state.
- Your wage claim is filed later than the 180th day after the date the unpaid wages were due to be paid. If part of your claim is within 180 days, file only for that part.
- You file against more than one employer on one claim form. Use separate wage claim forms for filing against each employer.

**MAIL YOUR WAGE CLAIM TO:**  
**Texas Workforce Commission, Labor Law Section**  
**101 East 15th Street, Room 124T**  
**Austin, TX 78778-0001**  
**Call 1-800-832-9243, 1-512-475-2670, or TDD 1-800-735-2989 (hearing impaired)**  
**if you need assistance in completing the wage claim.**

Please attach a copy of your most recent payroll check or stub. If your address or phone number changes, it is your responsibility to notify Labor Law in writing immediately. If you cannot be contacted, the likelihood of collecting unpaid wages will be reduced.

**TITLE 2, CHAPTER 61, TEXAS LABOR CODE, PROVIDES THAT A PENALTY  
MAY BE ASSESSED FOR WAGE CLAIMS BROUGHT IN BAD FAITH.**



## WAGE CLAIM

13. What was the scheduled payday(s) for these claimed wages? Date(s) \_\_\_\_\_
14. If claiming **regular, overtime, and/or minimum wage**, what were the dates you worked for which you received no wages?  
 From \_\_\_\_\_ to \_\_\_\_\_.  
 Please explain how you determined each amount claimed. (Example: 20 hours regular pay at \$5 per hour and 5 hours overtime pay at \$7.50 per hour. Example: 30 items at a piece rate of \$.75 per item). \_\_\_\_\_  
 Please attach the check stubs or earnings statement. \_\_\_\_\_
15. If claiming **commission**, what was the period in which the wages were earned?  
 From \_\_\_\_\_ to \_\_\_\_\_. Indicate how you determined the amount due (**attach information to support your claim, such as sales records, check stubs, etc.**).
16. If claiming a **bonus**, was the bonus a part of your employment agreement or a casual gift? \_\_\_\_\_  
 If based on performance, what was the period in which the bonus was earned?  
 From \_\_\_\_\_ to \_\_\_\_\_.  
 Please furnish details of the bonus (**include a copy**). \_\_\_\_\_
17. If claiming a covered **fringe benefit**, please explain which benefit(s) you are claiming and why you are entitled to the wages. Please indicate how you determined the amount due and **attach a copy** of the employer's written agreement or policy concerning the type of fringe benefit(s) claimed. \_\_\_\_\_
18. If claiming **deductions**, did you sign any authorization for deductions other than regular payroll taxes? ☐ Yes ☐ No  
 If yes, please explain (**attach a copy**). \_\_\_\_\_
19. Are you in **bankruptcy**? ☐ Yes ☐ No If yes, what is your bankruptcy filing date? \_\_\_\_\_  
 Chapter: \_\_\_\_\_ Case No: \_\_\_\_\_ Where filed: \_\_\_\_\_  
 What is your bankruptcy attorney's name, address, and phone number? \_\_\_\_\_
20. Are you aware of any **agreement** (such as arbitration, collective bargaining agreement, union contract, ERISA, Service Contract Act, etc.) that existed between you and the employer? ☐ Yes ☐ No  
 If yes, please attach a copy of the agreement. \_\_\_\_\_
21. Additional Comments: \_\_\_\_\_

**I UNDERSTAND THAT THIS IS A SWORN WAGE CLAIM AND THAT I MAY BE ASSESSED AN ADMINISTRATIVE PENALTY IF THIS CLAIM IS FOUND TO BE BROUGHT IN BAD FAITH.**

(Your Wage Claim must be signed below and must be sworn to before a Texas Workforce Commission Representative or a Notary Public.)

Date \_\_\_\_\_ Claimant's Signature \_\_\_\_\_

Before me the undersigned authority, on this day personally appeared the above named claimant, who on oath states to have knowledge of the facts set forth in this wage claim, and that the matter and facts set forth therein are to the best of the claimant's knowledge true and correct.

\_\_\_\_\_ or \_\_\_\_\_

**Texas Workforce Commission Representative**  
**Office No.** \_\_\_\_\_

**Notary Public**  
**My Commission Expires** \_\_\_\_\_

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Labor Law Section, 101 E. 15th St., Rm. 124T, Austin, TX 78778-0001, (512) 475-2670. Individuals may receive and review information that TWC collects about the individual by emailing to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

The Heart of Texas Workforce Board, Inc. is an equal opportunity employer/programs and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989 / 1-800-735-2988 (voice). Aquanetta Brobston, Quality Assurance Coordinator/EO Officer/ 504 Coordinator, (254) 296-5300.