

CLAIM NUMBER:

WAGE AND BENEFIT COMPLAINT Michigan Department of Licensing and Regulatory Affairs Wage and Hour Division		IMPORTANT: If filing this complaint under 1978 PA 390, you are electing a remedy which may prevent you from pursuing this claim elsewhere.
Mailing Address: P.O. Box 30476 Lansing, MI 48909-7976 Toll Free: 1-855-464-9243 Website: www.michigan.gov/wagehour	Street Address: 530 W. Allegan St. Lansing, MI 48933 Facsimile: 517-763-0110	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available, upon request, to individuals with disabilities for the purpose of accessibility under state and federal law. Please call 517-284-7800 to make your needs known to this agency.
		AUTHORITY: 1978 PA 390, 2014 PA 138, 2018 PA 337 and PA 338 COMPLETION: VOLUNTARY PENALTY: NONE

EMPLOYEE INFORMATION. Please Print

LAST NAME, FIRST NAME, MIDDLE INITIAL Doe, John, M		LAST 4 NUMBERS OF SOCIAL SECURITY NUMBER: 1234	
ADDRESS (STREET NUMBER AND NAME): 123 Maple St		BIRTH DATE: 01/01/1980	
CITY, STATE, ZIP: Lansing, Mi 48999		COUNTY: Ingham	
EMAIL ADDRESS: doej@email.com	PRIMARY TELEPHONE NUMBER: 111-111-1111	DAYTIME TELEPHONE NUMBER: 222-222-2222	
CONTACT INFORMATION FOR SOMEONE WHO WILL ALWAYS KNOW HOW TO REACH YOU: Jane Doe, 333-333-3333, 2468 Oak St, Lansing, Mi 48999			

ADDRESS WHERE YOU WORKED (STREET NUMBER AND NAME):

123 S. Main	
CITY, STATE, ZIP: Holt, Mi 12345	COUNTY: Ingham

START DATE OF EMPLOYMENT (MONTH/DAY/YEAR):		LAST DATE WORKED (MONTH/DAY/YEAR):		
EMPLOYMENT STATUS: <input type="checkbox"/> QUIT <input type="checkbox"/> DISCHARGED <input checked="" type="checkbox"/> STILL EMPLOYED		HOW OFTEN WERE YOU PAID? <input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> BIWEEKLY <input type="checkbox"/> SEMIMONTHLY <input type="checkbox"/> MONTHLY		
LIST YOUR RATE OF PAY. PROVIDE A COPY OF YOUR CHECK STUB.	PER HOUR \$ 15.00	SALARY \$	COMMISSION \$	PIECE RATE / OTHER \$
IF SALARIED, HOW MANY DAYS/HOURS WERE YOU REQUIRED TO WORK EACH WEEK OR PAY PERIOD? 5		WHAT WAS/IS YOUR JOB TITLE? assistant		

EMPLOYER INFORMATION. Please Print

BUSINESS NAME: Big Business		TYPE OF BUSINESS (IF KNOWN): Consulting		
BUSINESS ADDRESS (STREET NUMBER AND NAME): 987 Maple St				
CITY, STATE, ZIP: Dimondale, Mi 48900		COUNTY: Eaton		
TELEPHONE NUMBER: 517-999-9999	FAX NUMBER: 517-999-9998	EMAIL OR WEBSITE ADDRESS OF EMPLOYER (IF KNOWN): www.bigbusiness.net		
NAME OF PERSON IN CHARGE OF DAY-TO-DAY OPERATIONS: Jim		LIST THE APPROXIMATE NUMBER OF EMPLOYEES: 55		

WAS YOUR EMPLOYMENT GOVERNED BY MORE THAN ONE EMPLOYER? IF SO, LIST BELOW THE ADDITIONAL EMPLOYER'S NAME, ADDRESS, CITY, STATE, ZIP CODE, AND TELEPHONE NUMBER OR ATTACH AN ADDITIONAL SHEET LISTING THE INFORMATION.

No

THIS CLAIM MAY BE RETURNED IF A CLAIM AMOUNT AND A CLAIM PERIOD ARE NOT PROVIDED.

Filing this complaint does not guarantee payment or a finding in your favor.

Please provide documentation to substantiate your claim, for example, paystubs, time sheets, written policies, etc.

Your Reason for Filing this Claim	Period of Claim Month/Day/Year to Month/Day/Year		Calculate the Amount Claimed for Each Selection Attach additional sheets if necessary	Amount Claimed
WAGES			Example: Hourly = 80 hours X \$10.00/hr.	\$800.00
Hourly	7/2/2018	7/13/2018	20 hours x \$10 per hr = \$200	200.00
Salary				
Commissions (Provide list of commissions)				
Piece Rate / Other				
Unauthorized Deductions				
FRINGE BENEFITS (Provide written policy or contract)			Example: Vacation Pay =80 hours X \$10.00/hr.	\$800.00
Vacation Pay				
Paid Time Off				
Holiday Pay				
Sick Pay				
Expense Reimbursement (Provide list of expenses)				
Bonus (List type of Bonus)				
PAID MEDICAL LEAVE	5/1/2019	5/1/2019	Example: Medical Leave =80 hours X \$10.00/hr. 8 hours x \$10.00	\$80.00
MINIMUM WAGE			Example: MW = 40 hours X \$9.45/hr.	\$378.00
OVERTIME			Example: OT = 100 OT hours X \$15.00/OT hr.	\$1,500.00
TOTAL GROSS (before tax deductions) AMOUNT CLAIMED				\$ 280.00

Are you filing a complaint that your employer did not allow you to use paid medical leave? **Yes** **No**
 If yes, please list dates you were not allowed to use your leave: 5/1/2019

Are you filing a complaint for paystubs or wage statements you did not receive? **Yes** **No**
 If yes, please list dates you did not receive a paystub or wage statement:

PLEASE ANSWER THE FOLLOWING

	YES	NO
HAVE YOU FILED A LAWSUIT AGAINST THE EMPLOYER ON THE ISSUES OF THIS CLAIM?		X
IF CLAIMING FRINGE BENEFITS, WAS A WRITTEN POLICY OR CONTRACT IN EFFECT DURING YOUR EMPLOYMENT? IF YES, PLEASE PROVIDE A COPY OF THE WRITTEN POLICY OR CONTRACT.	X	
DOES THE BUSINESS MAKE MORE THAN \$500,000/YEAR OR TRANSPORT GOODS OUTSIDE OF MICHIGAN?		X
WAS YOUR EMPLOYMENT COVERED BY A UNION CONTRACT? IF YES, PLEASE SUBMIT A COPY OF THE CONTRACT.		X

CERTIFICATION: I certify to the best of my knowledge and belief that this is a true statement of wages and/or fringe benefits due me. I will inform the department if any of the following occur: change of name, address, and/or telephone number for myself and/or employer, or a direct payment and/or settlement of the claim.

Signature of Complainant: John Doe	Date: 5/2/2019
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