

**CLEAR**

**PRINT**

<b>Initial Report or Claim</b>	FOR OFFICE USE ONLY		
	Taken by:	Case#:	Date filed:

**IS THIS CLAIM RELATED TO COVID-19?** NO  YES

If yes, explain:  Business shut down  Business layoff  Sick leave unpaid/denied  Exclusion pay unpaid  
 Other (specify):

**PRELIMINARY QUESTIONS**

1. Is your claim about a <b>public works project</b> ? [If your answer is "YES," STOP here, DO NOT FILL OUT THIS FORM, and fill out the "PW-1" claim form instead. If your answer is "NO," proceed with this form.]	
2. Have you filed a <b>retaliation complaint</b> against your employer with the Labor Commissioner? <input type="checkbox"/> YES, on: _____ / _____ / _____ <input checked="" type="checkbox"/> NO [If you have been retaliated against, you may file a retaliation complaint by filling out another form, "RCI 1 Form"] <div style="text-align: center; font-size: x-small;">Month      Day      Year</div>	
3. Is there a <b>union contract</b> covering your employment? <input checked="" type="checkbox"/> YES [If "YES," attach a copy of the Collective Bargaining Agreement.] <input type="checkbox"/> NO	
4. Are other employees also filing wage claims against your employer? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW	

**Part 1 : LANGUAGE ASSISTANCE & REPRESENTATION**

5a. Do you need an interpreter? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		5b. If you checked "YES" to Box 5a, enter the language needed	
6a. If you are being assisted with your claim by a lawyer or other advocate, enter your ADVOCATE'S NAME and ORGANIZATION  N/A		6b. ADVOCATE'S PHONE  (      )	
6c. Your ADVOCATE'S MAILING ADDRESS (Number, Street, Floor, Suite)		CITY	STATE      ZIP CODE

**Part 2 : YOUR INFORMATION**

7. Your FIRST NAME <b>Jane</b>	8. Your LAST NAME <b>Doe</b>	9. HOME PHONE <b>(510) 555-5555</b>	10. OTHER PHONE <b>(      )</b>	11. BIRTH DATE
11a. Your EMAIL ADDRESS <b>janedoe@myemail.com</b>				
12. Your MAILING ADDRESS (Street Number, Street Name, Apartment Number) <b>123 My Street</b>		CITY <b>Anytown</b>	STATE <b>CA</b>	ZIP CODE <b>12345</b>

**Part 3 : CLAIM FILED AGAINST ( EMPLOYER INFORMATION )**

13. EMPLOYER / BUSINESS NAME(S) <b>University of California</b>		14. EMPLOYER'S VEHICLE LICENSE PLATE#	15. EMPLOYER PHONE <b>(      )</b>	
		15a. EMPLOYER'S EMAIL ADDRESS <b>ucpath@universityofcalifornia.edu</b>		
16. ADDRESS of EMPLOYER / BUSINESS (Street Number, Street Name, Floor, Suite): <b>1111 Franklin St</b>		CITY <b>Oakland</b>	STATE <b>CA</b>	ZIP CODE <b>94607</b>
17. ADDRESS where you worked, if different from Box 16 (Number, Street, Floor, Suite): <b>U.C., Irvine</b>		CITY <b>Irvine</b>	STATE <b>CA</b>	ZIP CODE <b>92697</b>
18. NAME of PERSON IN CHARGE (First Name, Last Name) <b>Michael Drake</b>		19. JOB TITLE / POSITION of PERSON IN CHARGE <b>President</b>		
20. TYPE OF BUSINESS <b>University</b>	21. TYPE OF WORK PERFORMED <b>Higher Education</b>	22. TOTAL NUMBER OF EMPLOYEES <b>230,000</b>	23. EMPLOYER STILL IN BUSINESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
24. Check which box describes your employer, if you know: <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP				

PRINT YOUR NAME: Jane Doe

**Part 4 : FINAL WAGES / BOUNCED CHECKS**

<b>25. DATE OF HIRE</b> <u>08/16/2017</u> <small>Month Day Year</small>	<b>26. Check which box applies to you:</b> <input type="checkbox"/> Still working for employer <input type="checkbox"/> QUIT on ___/___/___ <small>Month Day Year</small> <input type="checkbox"/> DISCHARGED on ___/___/___ <small>Month Day Year</small> Other (specify): _____
<b>27a. If you QUIT, did you give 72 hours notice before quitting?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>27b. If you QUIT, have you received your final payment of wages including all wages owed?</b> <input type="checkbox"/> YES, on: ___/___/___ <small>Month Day Year</small> <input type="checkbox"/> NO
<b>28. If you were DISCHARGED, have you received your final payment of wages including all wages owed?</b> <input type="checkbox"/> YES, on: ___/___/___ <small>Month Day Year</small> <input type="checkbox"/> NO	
<b>29a. How were your wages paid?</b> <input type="checkbox"/> BY CHECK <input type="checkbox"/> BY CASH <input type="checkbox"/> BY BOTH CASH & CHECK <input checked="" type="checkbox"/> OTHER: <u>Direct Deposit</u>	<b>29b. If paid by check, did any of your paychecks "bounce" (for example, paycheck could not be cashed because employer has insufficient funds)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**Part 5 : HOURS YOU TYPICALLY WORKED**

**30. Check which box applies:**  My work hours and days of work were usually the same each week that I worked.

My work hours and/or days of work varied per week or were irregular. If you checked this box and you are claiming unpaid wages or meal and rest period violations, you should also fill out and submit the DLSE FORM 55.

**31. If your work hours and days of work were usually the same each week, give your BEST ESTIMATE below of the hours you usually worked and any time you took for a duty-free meal period during your TYPICAL workweek. DO NOT fill this out if your work hours were too irregular to estimate a typical or average workweek (instead fill out the DLSE Form 55).**

	TIME WORK STARTED	TIME WORK ENDED	1st MEAL START TIME (if applicable)	1st MEAL END TIME (if applicable)	2nd MEAL START TIME (if applicable)	2nd MEAL END TIME (if applicable)	ONLY IF YOU WORKED A SPLIT SHIFT:	
<b>DAY 1</b> of your workweek:	08:00 <input type="checkbox"/> am <input type="checkbox"/> pm	05:00 <input type="checkbox"/> am <input type="checkbox"/> pm	12:00 <input type="checkbox"/> am <input type="checkbox"/> pm	01:00 <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am <input type="checkbox"/> pm
<b>DAY 2</b> of your workweek:	08:00 <input type="checkbox"/> am <input type="checkbox"/> pm	05:00 <input type="checkbox"/> am <input type="checkbox"/> pm	12:00 <input type="checkbox"/> am <input type="checkbox"/> pm	01:00 <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am <input type="checkbox"/> pm
<b>DAY 3</b> of your workweek:	08:00 <input type="checkbox"/> am <input type="checkbox"/> pm	05:00 <input type="checkbox"/> am <input type="checkbox"/> pm	12:00 <input type="checkbox"/> am <input type="checkbox"/> pm	01:00 <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am <input type="checkbox"/> pm
<b>DAY 4</b> of your workweek:	08:00 <input type="checkbox"/> am <input type="checkbox"/> pm	05:00 <input type="checkbox"/> am <input type="checkbox"/> pm	12:00 <input type="checkbox"/> am <input type="checkbox"/> pm	01:00 <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am <input type="checkbox"/> pm
<b>DAY 5</b> of your workweek:	08:00 <input type="checkbox"/> am <input type="checkbox"/> pm	05:00 <input type="checkbox"/> am <input type="checkbox"/> pm	12:00 <input type="checkbox"/> am <input type="checkbox"/> pm	01:00 <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am <input type="checkbox"/> pm
<b>DAY 6</b> of your workweek:	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am <input type="checkbox"/> pm
<b>DAY 7</b> of your workweek:	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am <input type="checkbox"/> pm

**Part 6 : PAYMENT OF WAGES**

32. Were you paid or promised a **FIXED** amount of wages per pay period, no matter how many hours you worked (for example, \$400 per week, regardless of how many hours you worked)? YES  NO

I was paid \$ \_\_\_\_\_ per  day  week  every 2 weeks  month  semi-monthly

I was promised \$ \_\_\_\_\_ per  day  week  every 2 weeks  month  semi-monthly

---

33a. Were you an **HOURLY** employee? YES  NO

I was paid \$ 10.00 \_\_\_\_\_ per hour.

I was promised \$ 20.00 \_\_\_\_\_ per hour.

33b. If you were an **HOURLY** employee, were you paid or promised **more than one hourly rate** (based on the hours you worked or different job tasks)?  YES  NO

If YES, please specify:

---

34. Were you paid by **PIECE RATE**?  YES  NO

35. Were you paid by **COMMISSION**?  YES  NO

**Part 7 : WAGES, COMPENSATION & PENALTIES OWED**

36. CLAIMS (Check all boxes below that apply)	CLAIM PERIOD: START DATE (Month/ Day/ Year)	CLAIM PERIOD: END DATE (Month/ Day/ Year)	AMOUNT EARNED / CLAIMED
<input checked="" type="checkbox"/> REGULAR WAGES (for non-overtime hours)	6/13/2021	6/26/2021	\$ 1,600.00
<input type="checkbox"/> OVERTIME WAGES (including double time)			\$
<input type="checkbox"/> MEAL PERIOD WAGES			\$
<input type="checkbox"/> REST PERIOD WAGES			\$
<input type="checkbox"/> SPLIT SHIFT PREMIUM			\$
<input type="checkbox"/> REPORTING TIME PAY			\$
<input type="checkbox"/> COMMISSIONS ***			\$
<input type="checkbox"/> VACATION WAGES ***			\$
<input type="checkbox"/> BUSINESS EXPENSES			\$
<input type="checkbox"/> UNLAWFUL DEDUCTIONS			\$
<input type="checkbox"/> PAID SICK LEAVE			\$
<input type="checkbox"/> PAID SICK LEAVE Supplemental Paid Sick Leave			\$
<input type="checkbox"/> OTHER [provide separate explanation]			\$
<b>ENTER SUBTOTAL (add all Amounts Earned/Claimed):</b>			\$ 1,600.00
<b>ENTER TOTAL AMOUNT PAID:</b>			\$ 800.00
<b>GRAND TOTAL OWED [Subtotal minus Total Amount Paid]:</b>			\$ 800.00

37. Check box(es) if you are claiming:

Waiting time penalties [Labor Code §203]

Penalties for "bounced" checks (checks issued with insufficient funds) [Labor Code §203.1]

Penalties for late payment wages [Labor Code §210]

Liquidated damages for late payment wages [Labor Code §1194.2]

The amounts claimed are based on my best estimates at this time and may be adjusted based on further information, or based on assistance with my claim provided by DLSE.

Signed: Jane Doe  
 Print Name: Jane Doe

Date: 07/13/2021