



IL DEPARTMENT OF LABOR

Fair Labor Standards Division
Compliance Processing Section
160 North LaSalle, Suite C-1300
Chicago, IL 60601-3150
Tel # (312) 793-2804
Fax #: (312) 814-1210

Minimum Wage And Overtime Claim Application

For Office Use Only

Claim #: _____
C. O. #: _____
Type: _____
County Code: _____
Date Received: _____

Please print or type all information: Use additional sheets if necessary. Attach copies of all supporting documents and other evidence.

EMPLOYER INFORMATION – (all information must be provided or application will not be processed)

Business Name:					
Contact Name:					
Street Address (not a P. O. Box):					
City:	State:		Zip Code:		
Telephone Number:	County:				
Type of Business:				Number of Employees:	

Please Check One: I do not want my name revealed to the employer. My name may be revealed to the employer.

EMPLOYEE INFORMATION – (all information must be completed)

Your Name:					
Street Address (not a P. O. Box):					
City:	State:		Zip Code:		
Daytime Telephone Number:	Social Security #:				
Evening Telephone Number:	Date of Birth:				
Your Title:					
List Your Primary Duties:					
Were You A Professional Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Your Position Require A College Degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were You A Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did You Supervise Anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How Were You Paid?	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Other (if other indicate)				
Check If You Received:	<input type="checkbox"/> Meals <input type="checkbox"/> Lodging <input type="checkbox"/> Tips <input type="checkbox"/> Other (if other indicate)				
Dates of Employment:		Actual Hours Worked Per Week:	Wages Per Hour:	Tips per Hour:	
From:	To:				
From:	To:				
From:	To:				
Type of Claim:	<input type="checkbox"/> Minimum Wage <input type="checkbox"/> Overtime	Amount Claimed: \$			

I hereby certify that the foregoing, including attachments, are true and accurate to the best of my knowledge and belief. I understand that acceptance of this claim by the IL Department of Labor does not guarantee collection. I authorize the IL Department of Labor to receive any monies and to mail such monies to me at my own risk.

Signature: _____ Date: _____

IF YOU HAVE ADDITIONAL INFORMATION, PLEASE INCLUDE WITH THIS CLAIM FORM.