



DEPARTMENT OF LABOR

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DIVISION OF LABOR RELATIONS

WAGE & HOUR SECTION EMPLOYMENT INFORMATION FORM
Wage Claim Form WH-9 12/81

I. CLAIMANT INFORMATION

CLAIM NUMBER

Name (Print first, middle & last name):

Mr. _____

Date: _____

Ms. _____

Phone: _____ Home

Phone: _____ Work

Phone: _____ Other

Social Security Number: _____

Physical Address: _____ Zip _____

Mailing Address: _____ Zip _____

Check one of these boxes:

- Present employee of establishment
Former employee of establishment
Other (Specify: relative, union, etc.)

II. ESTABLISHMENT INFORMATION

Name of Establishment: _____

Address of Establishment: _____

Authorized Representative: _____ Phone: _____

Estimate number of Employees _____ Does the firm have branches? Yes No Don't Know

If yes, name one or two locations: _____

Nature of establishment's business: (for example: hotel, restaurant, shoe store, construction, school, farm, hospital, etc.)

III. EMPLOYMENT INFORMATION

Period employed (month, year) From: _____ To: _____ (If still there, state present)

Date of Birth if under 21: Month: _____ Day: _____ Year: _____

Give your Job Title: _____

Describe briefly the kind of work you do: _____

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Wage Claim Form

Method of payment: \$ _____ per _____
(rate) (hour, week, month, etc.)

Enter in the boxes below the hours you usually work each day and each week (less time off for meals):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total

CHECK THE APPROPRIATE BOX(ES):

- Does not pay the minimum wage
- Does not pay proper overtime
- Deductions from wages
- Failure to pay wages

EXPLAIN BRIEFLY IN THE SPACE BELOW the employment practices which you believe violate the Wage and Hour Laws. (If you need more space use an additional sheet of paper and attach it to this form.)

(NOTE: If you think it would be difficult for us to locate the establishment or where you live, give directions or attach a map)

I hereby affirm that the above charge is true to the best of my knowledge, information and belief.

Signature of Complainant

Date