

# Labor Commissioner's Office Wage Claim Adjudication (WCA) Unit Online Wage Claim (OWC) Form

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Community User



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# Online Wage Claim Web Link



- <https://www.dir.ca.gov/dlse/HowToFileWageClaim.htm>
- Works from computer, tablet, or phone. How a date is entered depends on the operating system.
- You must have an email address to create a community user account.
- If you forget your password, click the “Forgot your password?” link. (Screenshot on next slide).
- At the bottom of each page is a link “For Support, contact the Labor Commissioner’s Office”.  
That link will take you to a list of Labor Commissioner’s offices as well as telephone numbers and email addresses.

For support, contact the [Labor Commissioner's Office](#)

# Create a Community Account/Login



**For existing accounts enter user name, password and click "Log In".**

user name usually email address

.....

**For new users click on the "New User" link.**

Log In

Forgot your password?

**Forgot password option.**

New User

# Create a New Community Account



State of California

Department Of Industrial Relations

English (US) ▼



[Forgot your password?](#) [New User](#)

Click on the slide and press play to see video.

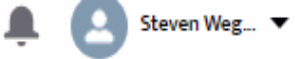
# Community Dashboard



My Dashboard



Click "My Dashboard" from any screen to reach the community dashboard.



Change Language  
English/Spanish

English

Jump to: Submitted Claims | Draft Claims | Meetings

Start new wage claim

New Wage Claim

Click Case number in "submitted claims" to see assigned deputy and a pdf summary of the original claim.

Click the case number in "Meetings" to see meeting details.

## Submitted Claims

Case Number	Claimant Name	Employer Name	Date Submitted	Status
<a href="#">WC-CM-847330</a>	Steven Wegner	RU2, Inc.	10/21/2021	New
<a href="#">WC-CM-847321</a>	Steven Wegner	Wha Tuzzi	10/21/2021	New
<a href="#">WC-CM-847294</a>	Steven Wegner	Wha Tuzzi	10/21/2021	Conf. Scheduled
<a href="#">WC-CM-847266</a>	Steven Wegner	John Doe	10/20/2021	New
<a href="#">WC-CM-847204</a>	Steven Wegner	Jason Chuky	10/19/2021	New
<a href="#">WC-CM-847153</a>	Steven Wegner	John Doe	10/18/2021	Conf. Scheduled
<a href="#">WC-CM-847118</a>	Steven Wegner	Wha Tuzzi	10/18/2021	Conf. Scheduled

## Meetings

Case Number	Meeting	Date/Time	Type	Status
<a href="#">WC-CM-847118</a>	Conference	10/25/2021 12:00 PM	Phone/Remote	Scheduled
<a href="#">WC-CM-847153</a>	Conference	10/25/2021 12:00 PM	Phone/Remote	Scheduled
<a href="#">WC-CM-847153</a>	Conference	10/22/2021 12:00 PM	In Person	Scheduled
<a href="#">WC-CM-847294</a>	Conference	10/29/2021 12:00 PM	Phone/Remote	Scheduled

Draft claims are displayed below all submitted claims.

# Starting a New Wage Claim



My Dashboard



Jump to: [Submitted Claims](#) | [Draft Claims](#) | [Meetings](#)

Start new wage claim

New Wage Claim

To start a new claim, click the "New Wage Claim" button.

Before you start a new claim, choose whether you want English or Spanish.

Change Language  
English/Spanish

English

## Submitted Claims

Case Number	Claimant Name	Employer Name	Date Submitted	Status
<a href="#">WC-CM-847330</a>	Steven Wegner	RU2, Inc.	10/21/2021	New
<a href="#">WC-CM-847321</a>	Steven Wegner	Wha Tuzzi	10/21/2021	New
<a href="#">WC-CM-847294</a>	Steven Wegner	Wha Tuzzi	10/21/2021	Conf. Scheduled
<a href="#">WC-CM-847266</a>	Steven Wegner	John Doe	10/20/2021	New
<a href="#">WC-CM-847304</a>	Steven Wegner	Jacop Chuky	10/19/2021	New

## Meetings

Case Number	Meeting	Date/Time	Type	Status
<a href="#">WC-CM-847118</a>	Conference	10/25/2021 12:00 PM	Phone/Remote	Scheduled
<a href="#">WC-CM-847153</a>	Conference	10/25/2021 12:00 PM	Phone/Remote	Scheduled
<a href="#">WC-CM-847153</a>	Conference	10/22/2021 12:00 PM	In Person	Scheduled
<a href="#">WC-CM-847294</a>	Conference	10/29/2021 12:00 PM	Phone/Remote	Scheduled

# Draft Wage Claim

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- 1) You can stop and save your claim as a draft at any time by clicking the **Save as Draft** button in the upper right of every page of the claim form.
- 2) Your draft will be stored under the submitted claims under a heading **Draft Claims**.
- 3) To resume work simply select the draft claim. The draft will have a system generated name as well as the date the draft was saved.
- 4) Once you finish and submit the draft claim, the draft will no longer appear and the claim will be under submitted claims.
- 5) If a draft claim is not submitted within 120 days of its being created, the draft claim will be deleted.



# Initial Screen when Filing a New Claim



## Online Wage Claim

Welcome to the Labor Commissioner's Online Wage Claim application.

Before filling out the wage claim, please review the tips below for guidance on completing your claim.

- Please know that many of the questions on the claim form are optional. If you do not have or know all of the information requested, approximate answers will be accepted. You can also skip to the next question and complete the form to the best of your ability.
- Other than your birthdate, all dates requested on the application can be approximate. Please give us your best estimate if you cannot be exact.
- Providing as much information upfront allows our office to better assist you with your claim.
- You will be asked questions about additional parties who may be liable for part or all of your claim.
- You can save your claim form at any time by clicking the "Save as Draft" button and resume where you left off at a later time. Your draft claim will be saved in the Draft Claims section of your dashboard. Do not use the browser back and forward arrow when completing a claim. Instead use the "Previous" and "Continue" buttons at the bottom of the page.
- Once you have submitted your application, you will receive a confirmation with your case number via text or email.
- After a claim is submitted, you can return to the online portal account to review the status of your claim as well as the date of upcoming conferences or hearings.

The bar above shows how far you are in the claim.

**Always use the "Continue" or "Previous" buttons to navigate the claim form. Do NOT use the browser back arrows as that will result in the loss of data.**

Continue

# Claimant Information



1. All fields marked with a red asterisk are required fields.
2. You can either file as the claimant or as an advocate/representative.
3. The next questions asked will depend on how you answer.

**Claimant Information**

Are you submitting a wage claim for yourself or on behalf of the claimant?\*

--Select--

✓ --Select--

Yourself

Representative

Click the "i" symbol for help text.

Click the down arrow for a picklist of choices.

Select "Yourself" if you are the claimant.

Select "Representative" if you are the advocate, representative, attorney, friend or someone filing on behalf of the claimant.

Filing as a representative means the claimant will have to authorize the claim within 60 days of submitting the claim or the claim will be closed.

# Filing as Claimant

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1. If you selected “Yourself” from the previous screen then you will be asked for information regarding the claimant.
2. Required fields are “First Name”, “Last Name”, “Birth Date” (to prevent duplicates and match accounts), and “Zip Code” (to help assign the correct office).
3. If an email and/or cell phone is entered then claimant will receive automatic updates regarding the filing and meetings. It also allows the assigned deputy to more quickly communicate with the claimant.
4. On that same screen you will have the option to request an interpreter for claimant and specify the language. You will also be asked if claimant has a representative or advocate who is assisting them.

# Filing as a Representative

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1. If you selected “Representative” then you will be asked for the “Representative Advocate Type” (Individual or Law Firm/Organization).
2. Required fields are “First Name”, “Last Name” and “Phone”.
3. If an email and/or cell phone is entered then the representative will receive automatic updates regarding meetings. It also allows the assigned deputy to more quickly communicate with the representative.
4. On that same screen you will be asked for information regarding the claimant as well as whether the claimant requires an interpreter and, if so, what language do they need.



# Confirmation by the Claimant

When a claim is filed by someone other than the claimant, the Labor Commissioner's Office will require confirmation from the claimant. An option to upload a confirmation form will appear immediately after the representative information.

The Labor Commissioner's Office will need confirmation by the claimant to receive a claim submitted on a claimant's behalf. We will send an email to the claimant to confirm.

If you prefer to submit a written and signed confirmation, check the check-box and upload a document that includes: Advocate/Representative name, a statement authorizing the Advocate/Representative to represent the Claimant, along with Claimant signature and date. 

Or the claimant will receive an email asking if they confirm or deny the claim. That email will only be sent if an email address was provided for the claimant. If no confirmation is received within 60 days of submitting the claim, the claim will be closed.

# Industry Information



## Industry Information

Select the industry in which claimant worked. Subsequent questions will differ based on the industry e.g. a CLSB license number will be requested if the industry is construction.

What is the industry type of the employer?

This down arrow indicates a picklist.

What is the business type of the employer?

Provide a description of claimant's duties e.g. drywall hanger, truck driver, etc. This is a required field.

Provide a list of the job duties you performed\*

# Claim Filed Against (Employer Information)



## Claim Filed Against (Employer Information)

You can use the '+ Another Employer' button below to include more than one employer for this claim.

Employer/Business Type\*

Select the business type. This is a required field. Once selected, questions will appear to ask for specifics regarding the employer.

If you have documents with any information on it about the person or business you worked for, you can upload them here

 Or drop files

Upload any files that may help identifying the employer e.g. business card, letterhead, etc.

Is there a union contract covering your employment?

- Yes
- No

If you answer yes there was a union contract, then you will have three options to get us the union contract: URL, upload, address to mail contract.

Are other employees also filing wage claims against this employer?

Have you filed a Retaliation Complaint against your employer with the Labor Commissioner?

- Yes
- No

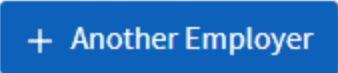
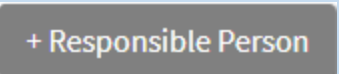
If you answer 'yes' to either of these questions, you will then see questions asking you for specifics e.g the date of the retaliation claim.

Is this claim related to COVID-19?

- Yes
- No

# Employer Specifics



1. Once you have selected the business type for the employer, you will be presented with questions about the employer such as name, address, phone number, etc.
2. Please give us the employer's email and/or cell number if you know them. That way we can contact them by email or text.
3. At the bottom of the page there is a  button to add another employer. Before you get to that button you will have the option to add additional responsible parties who are not the employer.
4. If there is more than one responsible party there is a  --- button to add additional responsible parties.



# Additional Information

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## 1. In this section you will be asked:

- ❖ About additional people in charge or who may otherwise be responsible
- ❖ Who paid claimant
- ❖ Who set the work schedule
- ❖ How were claimant's work hours tracked
- ❖ Signing time cards



# Additional Information (continued)



Is this employer still in business?


--Select--



Has your employer recently closed their business, are they selling major assets such as the business or their property, or have they recently filed or threatened to file for bankruptcy?

Yes

No

Did your employer's business change its name during your employment? 

Yes

No

Did your employer change the name of the business after your employment?

Yes

No

**These questions are to help us locate the employer, collect any judgment as well as determine any successors who may be liable.**

# Other Work Location



Is the address where you worked different from the business address provided?

- Yes
- No

**Use this where the work location was some place other than the employer's address. This is most common in construction, agriculture and housekeeping.**

Add the address where you reported for work

Street Address

City

State

Zip Code\*

**The "Approximate Location" is for places without a clear address such as fields or construction sites.**

Approximate Location

Phone

# Employment Status and Final Wages



Date of Hire\* (MM/DD/YYYY) 

**Date of hire is a required field. If you cannot give a precise date, please provide your best estimate.**

**For questions asking for a date, you can select the calendar icon and select a date.**




Name of person who hired you

**Some answers will lead to followup questions. In the case of being paid wages by check and you answer that at least one pay check bounced, that claim will be added to the end of the form.**

How were your wages paid?\*

Were your wages always paid on the payday established by your employer?

Did you receive itemized wage statements (pay stubs) when you received cash or check payments? 

Are you still working for the identified employer?

# Payment of Wages



## Payment of Wages

Select the payment type(s) that you are paid by your employer\*

- One hourly rate of pay for all regular hours i
- Multiple hourly rates i
- Salary rate for each pay period
- Commission rate
- Piece rate

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**Payment of wages is a required question. Please select at least one of the options. If you need to, you can select more than one option. Also, if your pay rate changed, then you can add an additional pay rate with the "+ Pay Rate" button that is found in all but the commission option.**

# Workweek and Workday



Does your employer follow the standard workweek of Sunday to Saturday? 

No 

**For a definition of "workweek"**

Select the employer-defined workweek\*

Monday to Sunday 

**For a definition of "workday".**

Do you know if your employer follows the standard workday of midnight to midnight? 

No 

**These two followup questions only appear if you answer "no" to the previous question.**

Provide the defined workday start time identified by your employer

Beginning Time\*



Ending Time



# Hours You Typically Worked

Select one of the following

- 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 select this option the calendar below will appear. The calendar is explained on the next slide.**

Enter your regular work hours

	Shift Start Time	Shift End Time <span>i</span>	Shift ends following day	Total Work Hours
Sunday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	
<input type="checkbox"/> Same as above	Shift Start Time	Shift End Time <span>i</span>	Shift ends following day	Total Work Hours
Monday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	

# Hours You Typically Worked (continued)

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- Time entries can be made from the drop down list or manually typed in. All times must show am or pm.
- When you enter more than 5 hours, you will be asked about the first meal period. Entering 10 or more hours will also ask you about a second meal period. If you did not receive a meal period just leave those fields blank.
- “Shift ends following day” is for shifts that cross midnight e.g. shift starts at 10 am Monday but ends at 6 am Tuesday.
- If the next work day is the same, you can simply select the “Same as above” checkbox.
- Your total work hours will be calculated for you. Meal periods are not work hours.



# Hours You Typically Worked (continued)



Select one of the following

- 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 select this option, you will be presented with the questions below.**

DLSE Form 55 

<https://www.dir.ca.gov/dlse/DLSE-55-overtime-sheet.xls>

**Active link to download form.**

 Upload Files Or drop files

Were there any exceptions to your typical schedule -- days when you did not work? Example: laid off, vacation, sick leave, business closed by the employer\*

- Yes
- No

Select any holidays you did not work\*

- New Year's Day (January 1)
- Memorial Day (Last Monday in May)
- 4th of July
- Labor Day (First Monday in September)
- Thanksgiving (Fourth Thursday in November)
- Christmas (December 25)
- I worked all holidays
- Other holidays you did not work

**Further explanation of this part of the form will be given on the next slide.**

# Hours You Typically Worked (continued)

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- If your work schedule was irregular, then download the DLSE-55, complete it, then upload the completed form. The DLSE-55 is completed by pay period total so you do not have to enter each day unless you want to.
- If you answer “yes” to whether there were any exceptions to your work schedule, then you will be asked for the total number of days and reason e.g. workers compensation, FMLA, etc.
- Holidays you did NOT work is required. There is an option in case you worked all holidays.
- If you select “Other holidays you did not work” then you will be given a text box where you can type in what those days were.
- Holiday pay is only available if the employer agreed to pay for holidays. Normal wages are always due for days you worked.





# Wage Claims

- I worked but was not paid – either partially or at all [i](#)
- I was not paid all the overtime or double time wages I earned [i](#)
- I was not paid for sick leave [i](#)
- I was not paid for vacation time [i](#)
- I was not paid for holidays [i](#)
- I was not allowed to take one or more of my 10-minute rest breaks [i](#)
- I was not allowed to take an off-duty meal period [i](#)
- I was not allowed heat recovery periods [i](#)
- I was not paid severance pay that I was promised [i](#)
- I was denied my share of tips [i](#)
- I was not reimbursed for business expenses incurred [i](#)
- I was denied payment for mileage when traveling for business [i](#)
- My paycheck had a deduction that I think is not correct or not authorized [i](#)
- I was denied access to payroll information [i](#)
- I was denied access to my personnel file [i](#)
- My employer defined my work hours with a long break in the middle, and I was not paid a "Split Shift Premium"
- I was not paid a promised production bonus - either partially or all [i](#)
- I reported to work, but my employer sent me home before I worked even half of my shift [i](#)

If there are any other claims you would like to make that are not listed here, please explain in the space provided. You have a 500 character limit.


# Wage Claims




- On the previous slide is a screenshot of the wage claims you will find at the end of the claim form. Some will automatically be started based on your previous responses. However, you can select any claim you may have.
- At the end of each claim title is an  icon. Clicking these icons will give you help text about the claim.
- Most claims have a  button which you can use to select a second claim of the same type e.g. If you have a wage claim at \$15 an hour, then you would use the “+ claim” button to have a second claim, for instance, if you later received a raise or were paid a different amount.
- Many claims allow just an amount claimed. However, the more information you give us, the better we can process the claim. If you are unsure, please give us your best estimate.
- Some claims will have a drop down list to select the nature of the claim before giving you the fields to complete e.g. overtime and sick leave.
- Some claims require a prior answer e.g. you cannot claim vacation unless you indicated you no longer work for the employer.

# Certification and Authorization



Before submitting your claim, are there additional documents you would like to provide regarding your claim? 

 Upload Files Or drop files

**After reading carefully, if you agree, check this box to get the submitter and date fields.**

By submitting this form, I hereby certify that the information I have provided is true to the best of my knowledge and/or recollection, and I further acknowledge that this information is being collected by the State and may be shared with another state agency or private party in accordance with California Civil Code section 1798.24 and the Information Practices Act of 1977 generally. For more information regarding the Department of Industrial Relation's Privacy Policy, please go to [https://www.dir.ca.gov/od\\_pub/privacy.html](https://www.dir.ca.gov/od_pub/privacy.html)\*

Name of Submitter\*

**The calendar icon allows you to select a date from the calendar. You can type in a date in the proper format if you wish.**

Date (MM/DD/YYYY)\*

**You must click the "Submit" button in order for your claim to be transmitted to the Labor Commissioner's office**

Previous

Preview

Submit

# Labor Commissioner's Office Wage Claim Adjudication (WCA) Unit Online Wage Claim (OWC) Form

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Community User (Public Facing Salesforce)

Thank You!

