



How to Complete a Wage Claim with the California Labor Commissioner

The following guide provides step-by-step instructions for completing an Initial Report of Claim (“wage claim”) with the California Division of Labor Standards Enforcement (DLSE or “the Labor Commissioner”). The instructions are numbered to correspond with where you enter the information on the form.

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Preparation

Locate relevant time and pay records (e.g., pay stubs, timesheets, personal calendars). Make sure you know your dates of employment, rate(s) of pay, hours worked, and how much you were paid.

If you do not have any payroll records, request your records from your employer in writing. You may find a template for doing this on Legal Aid at Work’s (LAAW’s) website here:

<https://legalaidatwork.org/sample-letters/requesting-employment-records-from-your-employer/>.

For more preparation guidance, check out LAAW’s “Preparation Checklist for Filing a Wage Claim with the California Labor Commissioner” here: <https://legalaidatwork.org/Preparation-Checklist-for-Filing-a-Wage-Claim/>.

Preliminary Questions

LABOR COMMISSIONER, STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS – DIVISION OF LABOR STANDARDS ENFORCEMENT		CLEAR	PRINT
Initial Report or Claim	FOR OFFICE USE ONLY		
	Taken by:	Case#:	Date filed:
IS THIS CLAIM RELATED TO COVID-19? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, explain: <input type="checkbox"/> Business shut down <input type="checkbox"/> Business layoff <input type="checkbox"/> Sick leave unpaid/denied <input type="checkbox"/> Exclusion pay unpaid <input type="checkbox"/> Other (specify):			
PRELIMINARY QUESTIONS			
1. Is your claim about a public works project ? [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 retaliation complaint against your employer with the Labor Commissioner? <input type="checkbox"/> YES, on: _____ / _____ / _____ <input type="checkbox"/> NO [If you have been retaliated against, you may file a retaliation complaint by filling out another form, "RCI 1 Form"] Month Day Year			
3. Is there a union contract covering your employment? <input 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 type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW			

1. **Public Works.** If your claim is NOT related to a public works project skip to #2.

"Public works" include "construction, alteration, demolition, installation, or repair work done under contract and paid for in whole or in part out of public funds." An employee or former employee who worked on a public works project can file a complaint for wages that were not paid on project. Here is the proper form for these claims: <http://www.dir.ca.gov/dlse/HowToFilePWComplaint.htm>.

2. **Retaliation.** It is unlawful for an employer to retaliate or discriminate against you (e.g., fire, threaten to fire, demote, suspend or discipline you) because you complained about your working conditions, filed a wage claim, or provided information to a government enforcement agency about your working conditions.

Check the "YES" box if you have filed a retaliation complaint with the Labor Commissioner and enter the **date you filed the complaint**. If you have not filed a retaliation complaint but would like to file one, you may ask DLSE staff for a copy of the retaliation complaint form or download it at: <http://www.dir.ca.gov/dlse/HowToFileRetaliationComplaint.htm>.

3. **Union Contract?** Check "YES" if your employment was covered by a **union contract**. If you checked "YES," then attach a copy of the Collective Bargaining Agreement.

4. **Other Employees Filing Wage Claims?** Check "YES" if you know that other employees are filing wage claims against your employer.

PART 1: Language Assistance & Representation

Part 1 : LANGUAGE ASSISTANCE & REPRESENTATION			
5a. Do you need an interpreter? <input type="checkbox"/> YES <input 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			6b. ADVOCATE'S PHONE ()
6c. Your ADVOCATE'S MAILING ADDRESS (Number, Street, Floor, Suite)		CITY	STATE ZIP CODE

5a. **Interpreter Needed?** Check "YES" if your primary language is not English and you want an interpreter to assist you.

5b. **Language.** If you checked "YES," enter the language of the interpreter needed.

6a. **Name of Advocate.** If a lawyer or other advocate is assisting you with your claim, enter the **name and organization** of the person who is assisting you.

6b. **Phone Number of Advocate.** Enter the **phone number** of your lawyer or advocate.

6c. **Mailing Address of Advocate.** Enter the **mailing address** of your lawyer or advocate. Include the street name and number, as well as any floor or suite number, city, state, and zip code. DLSE will mail copies of information related to your claim to the address that you enter here.

Do NOT list Legal Aid at Work as your "Advocate" without permission and a signed representation agreement.

PART 2: Your Information

Part 2 : YOUR INFORMATION				
7. Your FIRST NAME	8. Your LAST NAME	9. HOME PHONE ()	10. OTHER PHONE ()	11. BIRTH DATE
11a. Your EMAIL ADDRESS				
12. Your MAILING ADDRESS (Street Number, Street Name, Apartment Number)		CITY	STATE	ZIP CODE

7. **Your First Name.** Enter your first name.

8. **Your Last Name.** Enter your last name.

9. **Your Home Phone Number.** Enter your home telephone number with area code.

10. **Other Phone Number.** Enter the phone number, with area code, of another phone at which DLSE can reach you (e.g., a cell phone that you use).

11. **Your Date of Birth.** Enter your date of birth, including the month, day, and year.

12. **Your Mailing Address.** Enter your mailing address. Include the street name and number, as well as any floor or apartment number, city, state, and zip code. DLSE will mail copies of information related to your claim to your address that you enter here. **You must inform DLSE immediately of any change in your mailing address.**

PART 3: Claim Filed Against (Employer Information)

Part 3 : CLAIM FILED AGAINST (EMPLOYER INFORMATION)				
13. EMPLOYER / BUSINESS NAME(S)		14. EMPLOYER'S VEHICLE LICENSE PLATE#	15. EMPLOYER PHONE ()	
		15a. EMPLOYER'S EMAIL ADDRESS		
16. ADDRESS of EMPLOYER / BUSINESS (Street Number, Street Name, Floor, Suite):		CITY	STATE	ZIP CODE
17. ADDRESS where you worked, if different from Box 16 (Number, Street, Floor, Suite):		CITY	STATE	ZIP CODE
18. NAME of PERSON IN CHARGE (First Name, Last Name)		19. JOB TITLE / POSITION of PERSON IN CHARGE		
20. TYPE OF BUSINESS	21. TYPE OF WORK PERFORMED	22. TOTAL NUMBER OF EMPLOYEES	23. EMPLOYER STILL IN BUSINESS? <input 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				

DLSE WCA FORM 1 / WAGE ADJUDICATION (REV. 10/2021) (page 1 of 3)

13. **Employer/Business Name(s).** To the best of your knowledge, enter the complete name of the employer you are filing the claim against. If your employer has more than one business name, list all names that you know.

14. **Employer License Plate Number.** If you know, enter your employer's vehicle license plate number.

15. **Phone Number of Employer.** If you know, enter the telephone number of the employer.

16. **Address of Employer/Business.** Enter the business address of the employer (or the person who hired you). This address may be DIFFERENT from the address where you worked.

17. **Address Where You Worked.** Enter the address where you did the actual work.

18. **Name of Person in Charge.** Enter the first and last name of the person in charge at the location where you worked, if you know the name (For example: the owner, your supervisor, a manager).

19. **Job Title/Position of Person in Charge.** Enter the job title of the person in charge (listed in Box 18), if known (For example: "Floor Manager").

20. **Type of Business.** Enter the type of business or industry your employer is in (For example: plumbing, retail, landscaping, banking).

21. **Type of Work Performed.** Enter the type of work you did for your employer (For example: mechanic, cashier, customer service).

22. Total Number of Employees. To the best of your knowledge, enter the total number of workers employed by your employer. This may be an approximate number.

In some cases, if the employer has more than one worksite, employees at each of the worksites can be counted together. For example, if an employer operates four different restaurants, it may be possible to count employees at all of the restaurants together. In that case, if there are 20 employees at each restaurant, the employer employs a total of 80 people (4 x 20).

23. Still in Business? Check “YES” if you know that your employer is still in business.

24. Description of Business Entity. Only if you know, check the box indicating whether your employer is a corporation, individually owned, a partnership, a limited liability company (LLC), or limited liability partnership (LLP). If you want to search for your employer’s state business records, please visit the California Secretary of State “Business Search” website

<https://bizfileonline.sos.ca.gov/search/business>.

If you are concerned about your employer bankruptcy, sale, or abandonment, please see LAAW’s FAQ on Employer Bankruptcy, Sale, or Abandonment:

<https://legalaidthatwork.org/factsheet/employer-bankruptcy-sale-or-abandonment/>.

PART 4: Final Wages / Bounced Checks

PRINT YOUR NAME: _____	
Part 4 : FINAL WAGES / BOUNCED CHECKS	
25. DATE OF HIRE ____/____/____ Month Day Year	26. Check which box applies to you: <input type="checkbox"/> Still working for employer <input type="checkbox"/> QUIT on ____/____/____ Month Day Year <input type="checkbox"/> DISCHARGED on ____/____/____ Month Day Year Other (specify): _____
27a. If you QUIT , did you give 72 hours notice before quitting? <input type="checkbox"/> YES <input type="checkbox"/> NO	27b. If you QUIT , have you received your final payment of wages including all wages owed? <input type="checkbox"/> YES, on: ____/____/____ Month Day Year <input type="checkbox"/> NO
28. If you were DISCHARGED , have you received your final payment of wages including all wages owed? <input type="checkbox"/> YES, on: ____/____/____ Month Day Year <input type="checkbox"/> NO	
29a. How were your wages paid? <input type="checkbox"/> BY CHECK <input type="checkbox"/> BY CASH <input type="checkbox"/> BY BOTH CASH & CHECK <input type="checkbox"/> OTHER: _____	29b. If paid by check, did any of your paychecks “bounce” (for example, paycheck could not be cashed because employer has insufficient funds)? <input type="checkbox"/> YES <input type="checkbox"/> NO

25. Date of Hire. Enter the month, day, and year that you were hired by your employer.

26. Employment Status. Check the box to indicate whether you still work for your employer; whether you quit your job (include the date that you quit); or whether you were discharged (fired, terminated, laid off, etc.) (include the date that you were discharged). If another situation applies, describe it on the line next to “Other” (e.g., “on disability leave”).

Questions 27 and 28 are to help the Labor Commissioner determine whether your employer should pay you extra money as “waiting time penalties.” For each day that your final wages are willfully unpaid after 72 hours notice (or after the day your employer decided to terminate you), your employer is subject to a penalty equal to a full day of wages for you (up to a maximum payment for 30 days). For more information about waiting time penalties, visit https://www.dir.ca.gov/dlse/faq_waitingtimepenalty.htm.

27a. **Quit with 72 Hours Notice?** Check YES if you gave your employer at least 72 hours prior notice that you were quitting.

27b. **Date of Final Paycheck.** If you quit, check “YES” if you have received your final paycheck including **ALL** wages owed, and then enter the month, day, and year that you received your final paycheck.

“Wages” generally include hourly and overtime pay, salary, commissions, unused vacation pay, and premiums for missed meal period and/or rest breaks.

28. **Discharged?** If you were discharged, check “YES” if you have received your final paycheck including **ALL** wages owed, and then enter the month, day, and year that you received your final paycheck.

29a. **Method of Payment.** Check the box to indicate if you were paid by: check, cash, both check and cash, or other method.

29b. **Paycheck Could Not Be Cashed?** Check “YES” if you were paid by check and any of your paychecks could not be cashed because your employer has no account with the bank or insufficient funds (“bounced check”).

PART 5: Hours You Typically Worked

Part 5 : HOURS YOU TYPICALLY WORKED	
30. Check which box applies:	<input type="checkbox"/> My work hours and days of work were usually the same each week that I worked.
	<input type="checkbox"/> 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.

30. **Did you usually work the same hours?** Check the box indicating whether you usually worked the same hours and days per week.

- If your hours were generally the **same** each week, check the top box and fill out the chart below the best you can.
- If your hours and/or days of work were **different** each week, check the bottom box.

If your work hours or days of work were different each week and you are claiming unpaid wages (for overtime or non-overtime hours worked) or meal and rest period violations, submit a DLSE Form 55 with your wage claim. You can find on the Labor Commissioner’s website here:

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

If you do not have Microsoft Excel or the means to submit DLSE Form 55, you can attach your own electronic or handwritten notes filled out as best as you can, based on your best estimate of hours worked or any of your own records that you kept of your hours worked.

31. Fill out the table if you generally worked the same hours each week.

EXAMPLE for Same Hours Each Week: You worked Monday to Friday from 7:30 a.m. to 5:00 p.m. with a 30-minute meal period—

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:	
DAY 1 of your workweek:	07:30 am/pm	05:00 am/pm	12:00 am/pm	12:30 am/pm	am/pm	am/pm	1st shift ended at am/pm	2nd shift started at am/pm
DAY 2 of your workweek:	07:30 am/pm	05:00 am/pm	12:00 am/pm	12:30 am/pm	am/pm	am/pm	1st shift ended at am/pm	2nd shift started at am/pm
DAY 3 of your workweek:	07:30 am/pm	05:00 am/pm	12:00 am/pm	12:30 am/pm	am/pm	am/pm	1st shift ended at am/pm	2nd shift started at am/pm
DAY 4 of your workweek:	07:30 am/pm	05:00 am/pm	12:00 am/pm	12:30 am/pm	am/pm	am/pm	1st shift ended at am/pm	2nd shift started at am/pm
DAY 5 of your workweek:	07:30 am/pm	05:00 am/pm	12:00 am/pm	12:30 am/pm	am/pm	am/pm	1st shift ended at am/pm	2nd shift started at am/pm
DAY 6 of your workweek:	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	1st shift ended at am/pm	2nd shift started at am/pm
DAY 7 of your workweek:	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	1st shift ended at am/pm	2nd shift started at am/pm

EXAMPLE for Different Period Hours Each Week (WITH DLSE FORM 55)

NOTE: This is the example provided by the California Labor Commissioner. Please note that the dates in this example are **outside of the deadline** for filing and are only being used to show how to insert numbers and dates. You generally have **3 years** to file your wage claim.

OVERTIME, REST PERIOD, MEAL PERIOD COMPUTATION FORM / FORMULARIO PARA CALCULAR SOBRETIENTO, DESCANSOS Y COMIDAS
USE SEPARATE SHEET FOR EACH PAY RATE / UNA HOJA PARA CADA TASA DE PAGO

Employer Name: *California's Finest* Employee Name: *George Washington* Case No.: *(leave blank)*

PAY PERIOD DATES PERIODO DE PAGO	Overtime Computation / Computacion de Sobretiempo							Meal & Rest Periods			
	Hourly Rate	# of Reg. Hours	Overtime Rate	# of O. T. Hours	Double Time Rate	# of Double Time Hours	\$ EARNED	\$ PAID	\$ OWED	# of Days* Rest Periods Missed	# of Meal Periods Missed
FROM (DE FECHA) - TO (A FECHA)	Tasa de Pago	# de Horas Regular	Tasa de Horas Sobre Tiempo	# de Horas Sobre Tiempo	Tasa de Tiempo Doble	# de Horas Doble	TOTAL GANADO	TOTAL PAGADO	SALARIO QUE SE LE DEBE	# de Dias* Sin Descanso	# de Dias Sin Comidas
1 1/1/08 - 1/7/08	\$ 10.00	8	\$ 15.00	1	\$ 20.00	0	\$ 95.00	\$ 90.00	\$ 5.00	0	0
2 1/8/08 - 1/14/08	\$ 10.00	20	\$ 15.00	5	\$ 20.00	0	\$ 275.00	\$ 250.00	\$ 25.00	0	0
3 1/15/08 - 1/21/08	\$ 10.00	8	\$ 15.00	0	\$ 20.00	0	\$ 80.00	\$ 80.00	\$ 0	0	0
4 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
5 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
6 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
7 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
8 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
9 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
10 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
11 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
12 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
13 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
14 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
15 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
16 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
17 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
18 -	\$ -		\$ -		\$ -		\$ -	\$ -	\$ -		
TOTAL EACH COLUMN / SUMA CADA COLUMNA		Total		Total		Total	Total	Total	Total	Total	Total
		36		6		0	\$ 450.00	\$ 420.00	\$ 30.00	0	0

HOW OFTEN PAID / CUANTAS VECES PAGADO:
 Weekly/Semanal Every 2 Weeks /Cada Dos Semanas 2 Times a Month/Dos veces por mes

Total the Hours & Wages Claimed Above / Suma Horas y Sueldo Arriba
 * No matter how many breaks you miss, it is counted as one per day.
 * No es materia cuantos descansos pierden, solo cuenta uno diario.

Indicate the total missed days.
 Ponga el numero total.

PART 6: Payment of Wages

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 <input type="checkbox"/> NO <input type="checkbox"/> I was paid \$ _____ per <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> every 2 weeks <input type="checkbox"/> month <input type="checkbox"/> semi-monthly I was promised \$ _____ per <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> every 2 weeks <input type="checkbox"/> month <input type="checkbox"/> semi-monthly	
33a. Were you an HOURLY employee? YES <input type="checkbox"/> NO <input type="checkbox"/> I was paid \$ _____ per hour. I was promised \$ _____ 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)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify:
34. Were you paid by PIECE RATE ? <input type="checkbox"/> YES <input type="checkbox"/> NO	35. Were you paid by COMMISSION ? <input type="checkbox"/> YES <input type="checkbox"/> NO

32. Fixed Amount (“Salaried” Employee)? Check “YES” if you were paid or promised a fixed amount of wages regardless of the number of hours you worked. If YES, then enter how much money you were **actually paid**, and how frequently (such as per day or every 2 weeks, etc.). If you were promised a different amount, enter that amount, and how frequently you were to be paid.


33a. Hourly Pay? Check “YES” if you were paid by the hour. Then enter how much you were actually paid per hour. If you were promised a different hourly pay than you received, also enter that amount.

33b. More than One Hourly Rate? Check “YES” if you were paid or promised various hourly rates, based on your hours worked or different job tasks, then briefly describe your situation. Example: “Paid \$25 per hour for 30 hours unloading truck, and \$20 per hour for 15 hours checking inventory.”

34. Paid by Piece Rate? Check “YES” if you were paid by piece rate (i.e., paid based on the number of tasks you completed or items you produced).

35. Paid by Commission? Check “YES” if you received commission pay.

PART 7: Wages, Compensation & Penalties Owed

 For help with your wage calculations, [WageCheck](https://wagecheck.org) is an online calculation tool that may be useful: <https://wageback.org/intake>.

IMPORTANT NOTE: Legal Aid at Work is a separate, independent organization and not directly affiliated with, maintained, authorized, or sponsored by WageCheck. This resource is provided for general guidance, and LAAW is not responsible for any errors, omissions, or outcomes resulting from its use.

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 type="checkbox"/> REGULAR WAGES (for non-overtime hours)			\$
<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]			\$
ENTER SUBTOTAL (add all Amounts Earned/Claimed):			\$
ENTER TOTAL AMOUNT PAID:			\$
GRAND TOTAL OWED [Subtotal minus Total Amount Paid]:			\$
37. Check box(es) if you are claiming:			
<input type="checkbox"/> Waiting time penalties [Labor Code §203]			
<input type="checkbox"/> Penalties for "bounced" checks (checks issued with insufficient funds) [Labor Code §203.1]			
<input type="checkbox"/> Penalties for late payment wages [Labor Code §210]			
<input type="checkbox"/> Liquidated damages for late payment wages [Labor Code §1194.2]			
<input type="checkbox"/> Compensatory damages for willful misclassification [Labor Code §226.8]			

36. **Claim(s) and Amount(s).** Check the box for each claim you are making and fill in the claim period and amount earned / claimed.

- **Overtime.** Employees are generally entitled to overtime pay for hours worked over 8 in a workday, over 40 in a workweek, or on the 7th consecutive day. Time-and-a-half (1.5x) is required for most overtime, while double-time (x2) applies after 12 hours in a day or after 8 hours on the 7th day. Not all employees are eligible for overtime, but most employees are eligible for overtime.

For more information about overtime, please see **LAAW's FAQ Overtime in California:** <https://legalaidatwork.org/factsheet/overtime-in-california/>.

- **Meal period wages.** Generally, an employer may not employ you to work more than 5 hours without a meal period of at least 30 minutes, or for a work period of more than 10 hours without providing a second meal period of not less than 30 minutes (unless you agreed to a lawful waiver or there is an exception). The Labor Commissioner will help you determine if there are any exceptions. The employee must be relieved of all duty during the meal period.

If your employer fails to provide these periods, you may claim one additional hour of pay ("premium") at your regular rate of pay for each workday that the meal period is not provided. Note: No matter how many meal periods are missed in one workday, *only one-hour* premium pay is imposed for that day.

- **Rest period wages.** Generally, you are owed a 10-minute paid rest period for every 4 hours you work. For example, the total amount of rest period time required is 10 minutes if you work more than 2 - 6 hours; 20 minutes if you work 6 - 10 hours; 30 minutes if you work 10 - 14 hours (unless you agreed to a lawful waiver or there is an exception). The Labor Commissioner will help you determine if there are any exceptions. Your employer does not owe you a rest period if your total daily work time is less than 3 ½ hours.

If your employer fails to provide these periods, you may claim one additional hour of pay (“premium”) at your regular rate of pay for each workday that the rest period is not provided. Note: No matter how many rest periods are missed in one workday, *only one* rest period premium is imposed for that day.

For more information about meal periods or rest breaks, please see [LAAW’s FAQ Meal Periods & Rest Breaks](https://legalaidatwork.org/factsheet/meal-breaks-and-rest-breaks/): <https://legalaidatwork.org/factsheet/meal-breaks-and-rest-breaks/>.

- **Split shift premium.** When your work schedule is interrupted by more than one hour of unpaid, non-working time, your employer is required to pay you a premium of one hour of pay at the minimum wage in addition to regular pay and any applicable overtime. For example, a restaurant worker whose schedule is to work from 10:00 a.m. to 1:30 p.m. and return at 4:00 p.m. to work the dinner shift, is entitled to a split shift premium.

For more information about meal periods or rest breaks, please see [the Labor Commissioner’s Split Shift guidance](https://www.dir.ca.gov/dlse/split_shift.htm): https://www.dir.ca.gov/dlse/split_shift.htm.

- **Reporting time pay.** Employers must pay half day of wages when an employee is told not to work after showing up in person at workplace or job site or logging in remotely for work. Pay must be at least 2 hours but no more than 4 hours. For example, an employee who shows up to work an 8-hour shift and is told to go home due to there being no work is entitled to 4 hours of pay. This does not apply during certain emergencies (e.g., public utility failure, the weather, threats to property or employees, or causes out of employer’s control).

For more information about meal periods or rest breaks, please see [the Labor Commissioner’s Reporting Time Pay guidance](https://www.dir.ca.gov/dlse/faq_reportingtimepay.htm): https://www.dir.ca.gov/dlse/faq_reportingtimepay.htm.

- **Commissions.** Commissions are wages for selling products or services based proportionally on value. Key regulations include mandatory written contracts for commission-based employees, payment of earned commissions upon termination, and strict minimum wage compliance for, commission-only staff.

For more information about commissions, please see [the Labor Commissioner’s pay guidance](https://www.dir.ca.gov/dlse/FAQ_Paydays.htm): https://www.dir.ca.gov/dlse/FAQ_Paydays.htm.

- **Vacation.** There is no legal requirement that an employer provide paid or unpaid vacation time. However, if an employer does have an established vacation (or paid time off (PTO)) policy, practice, or agreement to provide paid vacation, then earned vacation time is considered wages. Employers are not allowed to have use-it-or-lose-it policies, and any unused vacation time must be paid out.

For more information about vacation, please see [the Labor Commissioner’s Vacation guidance](https://www.dir.ca.gov/dlse/FAQ_Vacation.htm): https://www.dir.ca.gov/dlse/FAQ_Vacation.htm.

- **Business expenses (or reimbursements).** You are entitled to be reimbursed by your employer for all reasonable expenses that result from you performing your work duties. This means that if

you are working from home, you may be reimbursed for things like cellphone use, cleaning product, gas mileage, tools, and office supplies.

For more information about reimbursements, please see **LAAW's FAQ Costs on the Job: Reimbursement for Tools, Travel, and Other Expenses:**

<https://legalaidatwork.org/factsheet/costs-on-the-job-reimbursement-for-tools-travel-and-other-expenses/>.

- **Paid sick leave.** An employee working for more than 30 calendar days for the same employer is entitled to use of at least 40 hours (or 5 days) per year upon reasonable request. Sick pay accrues at 1 hour of leave for every 30 hours worked. Unlike vacation time, Employees are not entitled to unused paid sick leave at the end of employment.

For more information about vacation, please see **the Labor Commissioner's Paid Sick Leave guidance:** https://www.dir.ca.gov/dlse/Paid_Sick_Leave.htm.

Now, calculate totals—

- **SUBTOTAL.** Add together all amounts earned/claimed and enter this subtotal.
- **TOTAL AMOUNT PAID.** If your employer paid you any compensation relating to your claim(s), enter the total amount paid.
- **GRAND TOTAL OWED.** From the **Subtotal** of amounts earned/ claimed, **subtract** the **Total Amount Paid**.

For claims marked by ***, attach a separate computation form. For vacation pay, fill out the "[Vacation Pay Schedule](#)" form; for commission pay, fill out the [DLSE Form 155](#).)

37. **Penalties.** Check the box(es) if you are also claiming:

- **Waiting time penalties.** Your employer may owe you money ("waiting time penalties") if you were discharged or quit and they willfully failed to pay your wages either: at the time you were discharged; at the time of quitting if you gave 72 hours notice; or 72 hours after quitting if you did not give notice. The penalty equals your daily wage rate times the number of days since the payment of wages became due. You can receive this money for up to 30 calendar days.
- **Penalties for "bounced" or dishonored checks.** You may be able to recover such penalties if you were paid with a paycheck that could not be cashed by you because your employer has no account with the bank or insufficient funds in the account from which the check was drawn, and you attempted to cash that check within 30 days of receiving it. You may be entitled to recover a penalty of one day's pay for each day those wages remain unpaid or until an action is commenced, up to 30 calendar days.
- **Penalties for late payment of wages.** You may be able to recover such penalties if your employer failed to pay wages on time under California's pay timing rules (For example: regular wages paid late beyond the normal payday).
- **Liquidated damages for late payment.** You may be able to recover these damages if your employer failed to pay you [minimum wage](#).

- **Compensatory damages for willful misclassification.** You may be able to recover damages if your employer knowingly and intentionally mislabeled you as an independent contractor (including issuing you a 1099 tax form rather than a W-2).

Review & Signature

Review the entire form for mistakes, especially regarding contact information such as your mailing address and phone number. Remember to write your name at the top of each page in case the pages get separated.



PRINT YOUR NAME: _____	
Part 4 : FINAL WAGES / BOUNCED CHECKS	
25. DATE OF HIRE ____/____/____ Month Day Year	26. Check which box applies to you: <input type="checkbox"/> Still working for employer <input type="checkbox"/> QUIT on ____/____/____ Month Day Year <input type="checkbox"/> DISCHARGED on ____/____/____ Month Day Year Other (specify): _____
27a. If you QUIT , did you give 72 hours notice before quitting? <input type="checkbox"/> YES <input type="checkbox"/> NO	27b. If you QUIT , have you received your final payment of wages including all wages owed? <input type="checkbox"/> YES, on: ____/____/____ Month Day Year <input type="checkbox"/> NO

Print your name, sign, and date the form and submit to the DLSE by mail, e-mail, or hand-delivery to your nearest Labor Commissioner Office, which can be found here:
<https://www.dir.ca.gov/dlse/DistrictOffices.htm>.

<i>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.</i>	
Signed: _____	Date: _____
Print Name: _____	
<small>DLSE/WCA FORM 1 / WAGE ADJUDICATION (REV. 07/2025)</small>	<small>(page 3 of 3)</small>

If you have any general questions, you may call **833-LCO-INFO (833-526-4636)** or email at DLSE2@dir.ca.gov. For walk-in assistance, visit the office nearest you, which you can find by entering your zip code here:
<https://www.dir.ca.gov/DLSE/WageClaimOfficeSearch.asp>. Hours for walk-in assistance may vary by location.

Legal Aid at Work offers additional free information online, including more than 100 fact sheets and guides about specific areas of law, mostly related to employment. You can find these resources in our online Self-Help Library here: <https://legalaidatwork.org/self-help-library/>.