

NEW MEXICO DEPARTMENT OF LABOR
Labor and Industrial Division
501 Mountain Road NE - Room 106
Albuquerque, NM 87102
Phone (505) 222-4667

FOR OFFICE USE ONLY

CASE #: _____

COUNTY: _____

STATEMENT OF DAY LABORER ACT CLAIM

INSTRUCTIONS:

1. Please print clearly in black ink.
2. Please notify us immediately if you change your address, phone number, or contact person.

YOUR INFORMATION

CONTACT INFORMATION

(complete this section if you do not currently have a permanent address)

Name: _____

Name: _____

SSN # (optional): _____

Telephone Number: _____

Address: _____

Address: _____

City: _____

City: _____

State & Zip Code: _____

State & Zip Code: _____

Telephone Number: _____

Type of Work Done: _____

EMPLOYER INFORMATION

Name: _____

Address: _____

City: _____

State & Zip Code: _____

Telephone Number: _____

Name of Person in Charge: _____

Date Hired: _____

COMPLAINT INFORMATION

DESCRIBE COMPLAINT:

TYPE OF COMPLAINT (please check):

- Pay stub issue (no statement given or deductions not itemized) Check cashing issue
 Restricted right to accept permanent employment Wage issue

For Pay Stub Issues or Restricted Right to Permanent Employment, please describe (attach additional sheets if necessary):

For Check Cashing Issues (please check):

- Charged more than \$2.00 for cashing check at employment agency
- No posted sign of check cashing fee or not in appropriate languages
- Posted sign not in Spanish or appropriate language
- Did not voluntarily elect to cash the check at the employment agency

Describe:

For Wage Issues:

Type of Violation Claimed (please check)

- Not paid minimum wage
- Not paid minimum wage after deductions (except those required by federal or state law)
- Not paid for all hours worked
- Not given option to be paid with check or other payment instrument that is payable at a bank without a fee

If deductions were made what were they for? _____ Amount: \$ _____

Pay period in which deductions were made: _____

Approximate dates and hours for which wages have not been paid: _____

Rate of pay: \$ _____ per hour, day, week **(Circle One)**

Total amount claimed: \$ _____

Describe situation if you were not given the option to be paid with a check:

In signing this form, I hereby certify the following:

That this is a true statement of violations of the Day Laborer Act to the best of my knowledge and belief.

DATE: _____ SIGNED: _____

NOTARY PUBLIC

STATE OF NEW MEXICO)

COUNTY OF _____)

On the _____ day of _____, 20__ before me personally appeared _____ known to me (or proven to be such person) to be the person whose name is subscribed to this writing and acknowledged that he/she executed the same for the purpose herein contained as his/her free act and deed.

MY COMMISSION EXPIRES: _____
Notary Bond filed with the Secretary of State

(NOTARY PUBLIC)