



Addresses where work was performed. Use separate page if necessary:

Number & Street City State Zip

Address where employer maintains payroll and personnel records, if different from above.

Number & Street City State Zip

While you were working, was this employer serving as a subcontractor? Yes No

If Yes, name and address of general contractor:

Name Address (Number, Street, City, State, & Zip)

Employer is (Check one):

Partnership Corporation
Individual Proprietorship Don't know

If the Employer is a Corporation, complete the following, if possible:

Corporate Address:

Number & Street City State Zip

Name of Resident Agent

Number & Street City State Zip

Name of President

Number & Street City State Zip

Name of Secretary

Number & Street City State Zip

Name of Treasurer

Number & Street City State Zip

Name of Corporate Manager

Number & Street City State Zip

TERMS OF EMPLOYMENT

Did you work under written contract: Yes No If Yes, attach copy

Type of work performed:

Your specific job title:

Start date of employment with Employer:

End date of employment with Employer:

How did employer compute your pay? Hourly Weekly Every two weeks Bi-monthly Monthly

If you were paid by the piece or by commission explain:

At the time of your unpaid wages, what was your rate of pay?

How many days were in your pay period?

What was the last day of your pay period?

What was your payday?

If you are a member of a labor union, provide the name and address of local, national, or international union.





RELEASE OF INFORMATION: (REQUIRED)

I DO HEREBY AUTHORIZE THE EMPLOYEES OF THE SD DEPARTMENT OF LABOR AND REGULATION TO RELEASE THIS INFORMATION TO ANY PERSON INCLUDING THE EMPLOYER HEREIN TO AUTHENTICATE AND TO COLLECT THIS CLAIM.

I DO HEREBY SWEAR OR AFFIRM THAT THE FOREGOING AND ATTACHED INFORMATION IS THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT IF I HAVE FALSIFIED THE AMOUNT DUE ME OR IF I INTENTIONALLY ATTEMPT TO DEFRAUD THE EMPLOYER I HAVE COMMITTED A CLASS 2 MISDEMEANOR AND MAY BE PROSECUTED FOR SUCH CRIME.

Signature of Employee named above:

Date: \_\_\_\_\_

Full name of Employee named above :

