

CLAIM NUMBER:**EMPLOYMENT WAGE CLAIM**

Human Relations Commission
410 West Chestnut Street, Suite 300A
Louisville, Kentucky 40202
Telephone: (502) 574-3631
Fax: (502) 574-1216
www.louisvilleky.gov

EMPLOYEE INFORMATION. (Please Print.)

LAST NAME, FIRST NAME, MIDDLE INITIAL <input type="checkbox"/> MR. <input type="checkbox"/> MS.	LAST 4 NUMBERS OF SOCIAL SECURITY NUMBER:
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ADDRESS (STREET NUMBER AND NAME):	BIRTH DATE:
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CITY, STATE, ZIP:	COUNTY:
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EMAIL ADDRESS:	PRIMARY PHONE NUMBER:
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CONTACT INFORMATION FOR SOMEONE WHO WILL ALWAYS KNOW HOW TO REACH YOU:

ADDRESS WHERE YOU WORK/WORKED (STREET NUMBER AND NAME):

CITY, STATE, ZIP:	COUNTY:
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START DATE OF EMPLOYMENT (MONTH/DAY/YEAR):	LAST DATE WORKED (MONTH/DAY/YEAR):
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EMPLOYMENT STATUS: <input type="checkbox"/> QUIT <input type="checkbox"/> DISCHARGED <input type="checkbox"/> STILL EMPLOYED	HOW OFTEN WERE/ARE YOU PAID? <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY
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LIST YOUR RATE OF PAY/PER HOUR: Please Attach a Copy of Your Check Stub.	TIPS: \$	COMMISSION: \$
	WHAT WAS/IS YOUR JOB TITLE?	

EMPLOYER INFORMATION. (Please Print.)

BUSINESS NAME:	TYPE OF BUSINESS (IF KNOWN):
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BUSINESS ADDRESS (STREET NUMBER AND NAME):

CITY, STATE, ZIP:	COUNTY:
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TELEPHONE NUMBER:	FAX NUMBER:	EMAIL OR WEBSITE ADDRESS OF EMPLOYER (IF KNOWN):
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NAME OF PERSON IN CHARGE OF DAY-TO-DAY OPERATIONS:	LIST THE APPROXIMATE NUMBER OF EMPLOYEES:
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IS/WAS YOUR EMPLOYMENT GOVERNED BY MORE THAN ONE EMPLOYER? If so, list below the additional employer's name, address, city, state, zip code, and telephone number or attach the information on an additional sheet.