

Worker Protection Central Processing

Case Number: _____

Claim Number: _____

Employer: _____

Date: ___ / ___ / ___

Dear _____

Please be advised that the New York State Department of Labor has conducted an investigation regarding your employer/former employer. As a result, unpaid wages have been collected for you. These wages may be due to you under the provisions of the New York State Labor Law. In order for us to forward these wages to you, we will need the following information:

Your Information

Name: _____

Social Security Number (if available): Social Security Number (if available): XXX-XX-____

Mailing address: _____

City: _____ State: _____ Zip: _____

Apartment/room number: _____ Telephone number: (____) ____ - _____

Email: _____

I understand that knowingly making false statements in this document are punishable as a Class A misdemeanor according to section 210.45 of the penal law.

I swear that the above information is true.

I also understand that by signing this form I am granting permission to the Commissioner of Labor to provide access to my Unemployment Insurance benefit file to other government agencies.

Claimant's Signature

Please note:

To complete this form, you must provide certain personal information. The authority to collect this information is found in the New York State Labor Law, Section 21, subsections 2, 8, and 11. This information will be maintained and used to investigate the claim you are filing, or have filed, with the Division of Labor Standards of the New York State Department of Labor. Failure to provide this information may result in our inability to process your replacement check.

In some cases, the law allows this information to be shared with other government agencies. If you have any questions about this form, please contact 1-888-4-NYSDOL.

To learn more about the New York State Department of Labor's policy on collecting and maintaining personal information, please visit www.labor.ny.gov/privacy.shtm.