

Employee Claim Form for Lost Wages

This **employee claim form sample** is designed to help workers document and request compensation for lost wages effectively. It includes essential fields for reporting time periods, wage amounts, and reasons for the claim. Using this form ensures accurate and timely processing of wage recovery requests.

Employee Name

Employee ID/Number

Department/Division

Claim Period (From - To)

to

Total Hours/Days Lost

Hourly/Salary Wage Rate

Total Amount Claimed

Reason for Lost Wages

Supporting Documents (attach as needed)

List attached files or provide file numbers

Employee Signature

Type or sign

Date

Supervisor/Manager Signature

Type or sign

Date

Submit Claim