

Wage Bond Employee Release Affidavit

Employee Sworn Statement

I, _____, hereby certify that I am an existing or previous employee of _____ and I understand that this statement will be used by the Division of Labor to determine whether or not that company's wage bond, which was posted to protect employee wages and benefits, may be eligible for release.

Place a ✓ mark in correct box	Yes	No	Place a ✓ mark in correct box	Yes	No
I am an existing employee	<input type="checkbox"/>	<input type="checkbox"/>	I have been paid all wages and benefits	<input type="checkbox"/>	<input type="checkbox"/>
I am a previous employee	<input type="checkbox"/>	<input type="checkbox"/>	I have NOT been paid all wages and benefits *	<input type="checkbox"/>	<input type="checkbox"/>

Employee Contact Information:

Mailing address: _____

Daytime Phone # or other contact information _____

*If you are owed wages, you must file a complaint with the Division of Labor as soon as possible. The Division will not release the company's wage bond until any and all existing wage complaints are investigated. If needed, wage complaint forms (RFAs) are available on our website.

Employee Signature _____

Notary Public

Taken, sworn to and subscribed before me on this the _____ day of _____, 20____.

Notary Public Signature _____

My commission expires: _____