

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: _____

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please contact the Webmaster, Robert Bryant at Robert.L.Bryant@wv.gov or the Division's Privacy Officer, John Junkins at John.R.Junkins@wv.gov.