

(Send certified mail or personally deliver to former employer)

Date

Name and Address of Employer

Re: Pay Claim – Final Check

Dear (Name of Employer),

I was employed as a (name or title of position) from (date of employment) to (last day of employment). On (date of notification of termination) I was notified that my employment was terminated effective (last date of employment). It has been (number of days since termination) and I have not received payment for hours worked, unused and accumulated vacation hours, and other accrued wages.

Please be advised that under California Law an employer is required to immediately pay to the individual the wages earned and unpaid at the time of discharge (Labor Code §201[a]). An employer who willfully fails to pay pursuant to law may be subject to penalty from the due date of payment (Labor Code §203).

This pay claim will be filed with the California State Department of Industrial Relations if payment is not received within 24 hours on the business day of receipt of this letter.

Enclosed is an accounting of the wages and other accrued time that are due according to my records (provide an attachment reporting unpaid working hours, accumulated vacation hours, and other wages that are due and payable).

Sincerely,

Encl.