



# WITHDRAWAL OF WAGE CLAIM

TEXAS WORKFORCE COMMISSION  
WAGE AND HOUR DEPARTMENT

### Information

- If you (the claimant) filed a claim for unpaid wages under the Texas Payday Law, you may use this form to withdraw the claim. Please note that withdrawing a wage claim is **final** and you may not cancel or rescind this withdrawal once you submit the withdrawal form.
- TWC cannot process any contractual settlements between you and the employer regarding wage claims. If you and the employer reach an outside settlement, only you (the claimant) may withdraw the wage claim.
- Once TWC receives your withdrawal, we will not recognize or enforce any orders that may have been issued. This includes assessment of administrative penalties against the employer. TWC will release any liens or freezes.

### Instructions

1. Enter your Wage Claim number, name, date of birth, and address in Section 1.
2. Complete Section 2, on reverse side of form, only if TWC has started collection actions on your claim. If collections have started, you must have this form notarized or witnessed by a TWC Workforce Solutions Representative and send the **original form** (no FAX or photocopy). You may call Wage and Hour Department at 800-832-9243 to find out if TWC has started collection actions.
3. **FAX** the complete form to (512) 524-6211 **OR mail** to TWC, Wage and Hour Department, 101 East 15th Street, Rm 514, Austin, Texas 78778-0001

### Section 1: Claimant Information

I understand this is a WITHDRAWAL of Wage Claim number: \_\_\_\_\_

**I understand that Texas Workforce Commission (TWC) will not take any further action on my claim after I submit this withdrawal. I understand that TWC will not enforce any orders that may have been issued, and TWC will release any liens or freezes that may be in effect against the employer relating to this claim number.**

My name is: \_\_\_\_\_  
(First) (Middle) (Last)

My date of birth is: \_\_\_\_\_

My address is: \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (Country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_,  
(Month) (Year)

**I declare under penalty of perjury that I am the person named on this form and the information is true and correct.**

**Claimant's Signature:** \_\_\_\_\_

**See Reverse for Notarized / Witnessed Declaration**

**Section 2: Claimant Information**

Wage Claim number: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

**Notarized / Witnessed Declaration**

If collection actions have begun, you must have this form notarized or witnessed by a Workforce Solutions Representative. If you FAX a copy to TWC, you must also mail the original form.

**THIS SECTION TO BE COMPLETED ONLY BY WORKFORCE SOLUTIONS STAFF OR NOTARY PUBLIC**

This document was signed before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the above claimant.  
(Month) (Year)

\_\_\_\_\_  
Workforce Solutions Staff Printed Name

\_\_\_\_\_  
Notary Public Printed Name

\_\_\_\_\_  
Workforce Solutions Staff Signature

**OR**

\_\_\_\_\_  
Notary Public Signature

Office No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_