



# WAGE CLAIM SATISFACTION OF PAYMENT DECLARATION

TEXAS WORKFORCE COMMISSION

TEXAS PAYDAY LAW

## Information

- If you (the claimant) filed a claim for unpaid wages under the Texas Payday Law, and your order has become final, you may use this form to declare satisfaction of payment. An order has become final for all purposes under the following circumstances:
  - If either party does not file an appeal within 21 days from the date the Preliminary Wage Determination Order is mailed.
  - If either party does not file an appeal within 14 days from the date the Wage Claim Appeal Tribunal or Commission order is mailed.
  - A denial of a Motion for Rehearing becomes final 14 days after the date it is mailed.
  - A denial of Motion for Rehearing, or order of the Commission when no Motion for Rehearing has been filed, becomes final 14 days from the date it is mailed regardless as to whether a party files for judicial review of the decision.
- 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 declare satisfaction of payment.
- Once TWC receives your declaration, we will no longer pursue collections action on wages owed by the employer to the claimant under a wage claim. The employer will still be liable to TWC for any administrative penalties assessed on the claim. TWC will release any liens or freezes on the claim once any administrative penalties owed are paid to TWC.
- **PLEASE NOTE:** *A satisfaction of payment declaration is **final** as of the date it is postmarked or TWC receives it by fax. **You may not cancel or rescind your declaration once you submit this form. Once submitted TWC will not take any further collections actions on your claim for ANY reason.***

## Instructions

1. Enter your Wage Claim number, name, date of birth, and address in Section 1 on the reverse side of form.
2. Complete Section 2, also on the reverse side of form. You must have this form notarized or witnessed by a TWC Workforce Solutions Representative. Call TWC's Wage and Hour department at 800-832-9243 for any questions.
3. **FAX** the complete form to (512) 475-3025 **OR mail** to TWC, Wage and Hour department, 101 East 15th Street, Rm 514, Austin, Texas 78778-0001

Send inquiries or corrections to the information on this form to the TWC Wage and Hour department, 101 E. 15th St., Rm. 514, Austin, TX 78778-0001.

Individuals may receive and review information that TWC collects about the individual by emailing [open.records@twc.texas.gov](mailto:open.records@twc.texas.gov) or writing TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

WH-120 (0922)

**Section 1: Claimant Information**

**I understand this is a SATISFACTION OF PAYMENT DECLARATION of Wage Claim number:**

I understand that Texas Workforce Commission (TWC) will not take any further action to collect the unpaid wages stated on the final order after I submit this declaration. I understand that the employer will still be liable to TWC for any administrative penalties assessed on the claim. TWC will release any liens or freezes once any administrative penalties owed are paid to TWC relating to this claim number. This form is final as of the date it is postmarked or TWC receives it by fax.

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. I further declare that I have been paid to my satisfaction for the wages ordered by TWC and that TWC will take no further action to collect those wages.**

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

**Section 2: Claimant Information**

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

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

**Notarized / Witnessed Declaration**

You must have this form notarized or witnessed by a Workforce Solutions Representative.

**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: \_\_\_\_\_

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