STATE OF NEW HAMPSHIRE DEPARTMENT OF LABOR CONCORD, NEW HAMPSHIRE

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Amanda Duval dba Granite State Roadside

DECISION OF THE HEARING OFFICER

Nature of Dispute: RSA 275:43 I unpaid wages

Interest

Employer: Amanda Duval dba Granite State Roadside, 14 Northeastern Blvd, Ste 33B,

Nashua NH 03062

Date of Hearing: February 13, 2018

Case No.: 56608

BACKGROUND AND STATEMENT OF THE ISSUES

The claimant originally asserted, through the filing of his wage claim, that he was owed \$900 in unpaid wages for hours worked. At the hearing, he amended his claim to \$600.

The employer denies the claimant was not paid for all time worked.

FINDINGS OF FACT

The claimant provided dates of employment which conflicted with the date of the calls sheets provided by the employer. He also provided a number of calls performed which conflicted with the call sheet provided by the employer.

The claimant was unclear as to the rate of he was to receive and used the rate provided by a co-worker. He received one check for \$316, but claimed he did not know what it was for. He argues he is still due \$600 in unpaid wages.

The employer provided credible testimony that the rates of pay provided by the claimant were not the rates paid by the employer.

The employer provided credible testimony and some evidence that all employees, including the claimant, had received all wages due.

The employer representative is currently divorcing Amanda Duval, who is the owner of the business. As such, he had some, but not all of the documentation for payroll.

The Hearing Officer finds the claimant did not offer credible testimony or evidence to prove by a preponderance of the evidence he is due the wages claimed.

DECISION

Based on the testimony and evidence presented, as RSA 275:43 I requires that an employer pay all wages due an employee, and as this Department finds that the claimant failed to prove by a preponderance of the evidence that he is owed the claimed wages, it is hereby ruled that the Wage Claim is invalid.

Date of Decision: February 16, 2018

Original: Claimant cc: Employer