

# ANSWER TO NOTICE OF INDIVIDUAL LIABILITY

K-ESLR 112 Web (Rev. 8-23)

CLAIM NUMBER: \_\_\_\_\_

**Any corporate officer or any agent having the management of the corporation who knowingly permits the corporation to engage in activities in violation of the Kansas Wage Payment Act shall be considered the employer of the corporate employees and liable for payment of wages due. This form shall be completed by a corporate officer or agent.**

Named individual: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Position with corporation: \_\_\_\_\_

How long have you held this position? \_\_\_\_\_

Shareholder  Yes  No

Director  Yes  No

Officer  Yes  No

Manager  Yes  No

Ownership: \_\_\_\_\_%

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Summary of duties performed during period of this claim:

Did you have authority to determine if wages would be paid to this employee(s)?  Yes  No Explain:

Was claimant(s) paid wages due in full for services performed?  Yes  No Explain:

**Answer to Notice of Individual Liability**

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At time wages were due, did you ask claimant to continue to work with promise wages would be paid in full at a later date?

Yes  No Explain:

Statement as to reasons why wages were not paid (attach any documents to support statement):

At the time claimant was discharged or quit, did the corporation pay all wages due no later than the next regular payday?

Yes  No Explain:

Were any deductions taken from the claimant's wages, other than required federal and state withholding?  Yes  No

If YES, did you have a prior signed authorization from claimant to make the deductions?  Yes  No Explain:

**CERTIFICATION:** I hereby certify that the above information is complete and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Employer, Agent or Authorized Representative

\_\_\_\_\_  
Date