



Wage Claim 24-0006247

Illinois Department of Labor

160 N LaSalle ST STE C1300
Chicago, IL 60601-3114

Phone: (312) 793-2800 • <http://labor.illinois.gov>

Claimant

First Name

Caitlin

Middle Name**Last Name**

Frausto

Postal Address

629 DOVE CT
GRAYSLAKE, IL 60030-1340

Primary Phone

(331) 277-5164

Secondary Phone**Primary Email**

caitlinfraut19@gmail.com

Employer

Business Name

K Private Events

To the best of your knowledge, is your Employer based in Illinois?

Yes

Is the Employer still in business?

Yes

Industry

Other

Business Owner(s)

Ali Khatab

Postal Address

318 SOUTH AVE
GLENCOE, IL 60022-1605

Primary Phone

(312) 582-0967

Name of person in charge at your company / work site

Ali Khatab

Job title / position of person in charge

Onwer

Email address of person in charge

Ali@KPrivateEvents.com

General Information

Starting date of employment with the Employer

12/14/2024

Are you still employed by the Employer?

No

Last day worked

12/14/2024

Your Job Title

Caterer

Do/did you perform any part of your job outside of Illinois?

No

Rate of Pay

\$400.00 Per Day

How often are/were you supposed to be paid?

Daily

Do you have a written employment contract or agreement with your Employer?

No

Is your work subject to a union agreement or collective bargaining agreement?

No

If IDOL processes your claim, will you need an interpreter or translator to assist your communication with IDOL staff?

No

Language needed

Is or was the employment for which you are seeking compensation with State Government?

No

Is or was the employment for which you are seeking compensation with the Federal Government?

No

Unpaid Wages

Unauthorized Deductions

Are you seeking compensation for unpaid wages (that is, all money earned in connection with the employment, BUT NOT INCLUDING bonuses, commissions, vacation time, minimum wage, overtime or other amounts)? If you have a claim for minimum wage or overtime wages, you will also be asked to complete the next section.

Yes

Approximate total number of hours you worked during this time period

6.00

Total amount of unpaid wages you claim you are owed or amount you believe you were underpaid

\$400.00

Date for which you were not paid from

Are you seeking compensation for unauthorized deductions?

No

Total amount you are claiming was deducted from your compensation without authorization

Period for which unauthorized deductions were made from

Period for which unauthorized deductions were made to

12/14/2024

Date for which you were not paid to

Comments

12/14/2024

Approximate total amount you were actually paid (i.e., amount of money you actually received) during this time period

\$0.00

Vacation Pay

Bonus Pay

Are you seeking compensation for vacation pay?

Are you seeking compensation for bonus pay?

No

No

How much do you believe you are owed for vacation time accrued at the time of your separation?

How much do you believe you are owed for any bonus(es) you had earned at the time of your separation?

Period for which vacation was earned from

Period for which bonus was earned from

Period for which vacation was earned to

Period for which bonus was earned to

Did your employer have a written policy explaining how vacation time was to be earned and/or paid out?

Did your employer provide you with a written policy, agreement, or other document that explained how bonuses were earned and/or paid out?

No

No

Comments

Comments

Commission Pay

Other Compensation

Are you seeking compensation for commission pay?

Are you seeking compensation for other types of compensation?

No

No

How much do you believe you are owed for any commission(s) you had earned at the time of your separation?

Other than wages, unauthorized deductions, vacation pay, bonus pay, and commission pay, what other amount do you believe you are owed?

Period for which commission was earned from

Period for which other compensation was earned from

Period for which commission was earned to

Period for which other compensation was earned to

Did your employer provide you with a written policy, agreement, or other document that explained how commissions were earned and/or paid out?

No

Comments

Please use the space below to explain why you believe you are owed this amount. (Maximum 300 characters)

Comments

TOTAL AMOUNT CLAIMED: \$400.00

In lieu of a written signature, typing your name in the box below and clicking "Submit Claim and Certify", certifies the information you provided is accurate and truthful to the best of your knowledge.

X I agree to the above statement

Caitlin Frausto

Did someone assist you in filling out this form, or fill it out on your behalf?

Yes

Please provide the contact information of the individual who assisted you or filled out the form on your behalf.

First Name

Wael

Last Name

Zayton

Postal Address

441 ATTENBOROUGH WAY
GRAYSLAKE, IL 60030-3483

Phone

Email

waelzayton@gmail.com

Relationship to you

Other

May the IDOL contact the person who assisted you in connection with your claim?

Yes

Files uploaded with claim: