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| Employee notice |
| 1. Employee:
 | Address:  |
| Phone number: | Email address: |
| Date employment began: |  |
| 1. Legal name of employer:
 | Main office/Principal place of business address: |
| Phone number: | Email address: |
| Operating name of employer (if different): |
| Mailing address (if different): |
| 1. 3. Employment status (exempt or non-exempt):
 |
| [ ]  Employee is exempt from: [ ]  minimum wage [ ]  overtime [ ]  other provisions of Minnesota Statutes 177 |
| Legal basis for exemption: |
| [ ]  Employee is non-exempt (entitled to overtime, minimum wage, other protections under Minn. Stat. 177) |
| 1. Rate: $
 | Additional rates (if applicable): | How applied: |
| Paid by: | Hour [ ]   | Shift [ ]   | Day [ ]   | Week [ ]   |
|  | Salary [ ]   | Piece [ ]   | Commission [ ]   | Other method [ ]  |
| Overtime is owed after: hours |
| Allowances claimed: |
| $ | per meal for meal allowance (max = 60% of one hour of adult minimum wage per meal) |
| $ | per day for lodging allowance (max = 75% of one hour of adult minimum wage per day) |
|  | (or fair market value)  |
| 1. Leave benefits available:
 |
| [ ]  Sick leave [ ]  Paid vacation [ ]  Other paid time off |
| How benefits are accrued: Number of hours \_\_\_\_\_\_\_\_ or days \_\_\_\_\_\_\_\_per [ ]  year [ ]  month [ ]  per pay period [ ]  per hours worked |
| Terms of use:  |
| 1. Deductions that may be made from employee’s pay and amounts:
 |
| 1. Number of days in the pay period:
 | Regularly scheduled payday: |
| Date employee will receive first payment of wages earned: |
| 1. Other information relevant to this position:
 |
|  |
| I, the employee, have received a copy of this notice: [ ]  Yes [ ]  No |
| Employer signature | Date | Employee signature | Date |

This document contains important information about your employment. Check the box at left to receive
this information in this language.

