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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.

