DEPARTMENT OF LABOR AND INDUSTRY

Employee notice

| 1. Employee: | Address: | | |
|---|--|--|--|
| Phone number: | Email address: | | |
| Date employment began: | | | |
| 2. 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): | | | |
| 3. Employment status (exempt or non-exempt): | | | |
| Employee is exempt from: | | | |
| Legal basis for exemption: | | | |
| Employee is non-exempt (entitled to overtime, minimum wage, other protections under Minn. Stat. 177) | | | |
| 4. Rate or rates of pay | | | |
| Paid by: Hour 🗆 Shift 🗆 Day 🗆 Week 💷 Salary 🗆 Piece 🗆 Commission 🗆 Other method 🗆 | | | |
| Maximum hours of which overtime is owed | | | |
| 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) | | | |
| 5. 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: | | | |
| 6. Deductions that may be made from employee's pay and amounts: | | | |
| 7. Number of days in the pay period: | Regularly scheduled payday: | | |
| Date employee will receive first payment of wages earned: | | | |
| 8. Other information relevant to this position: | | | |
| | | | |
| I, the employee, have received a copy of this notice: \Box 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.

| Spanish / Español | Este documento contiene información importante sobre su empleo. Marque la casilla a | |
|-----------------------------|---|--|
| | la izquierda para recibir esta información en este idioma. | |
| Hmong/ <u>Hmoob</u> | Daim ntawy no muaj cov xov tseem ceeb hais txog thaum koj ua hauj lwm. Khij lub | |
| | npauv ntawm sab laug yog koj xav tau cov xov tseem ceeb no txhais ua lus Hmoob. | |
| Vietnamese/ <u>Viêt ngữ</u> | Tài liệu này chứa thông tin quan trong về việc làm của quý vị. Đánh dấu vào ô bên trái c nhận thông tin này bằng Việt ngữ. | |
| <u>Simp</u> .Chinese/简体中文 | 本文件包含与您的雇用相关的重要信息。勾选左边的方框将接收以这种语言提供信息。 | |
| Russian/русский | Данный документ содержит важную информацию о вашем трудоустройстве. | |
| | Отметьте галочкой квадрат слева для получения этой информации на данном | |
| | языке. | |
| Somali / <u>Soomaali</u> | Dukumentigan waxaa ku qoran macluumaad muhiim ah oo ku saabsan shaqadaada. Calaamadi sanduuqan haddii aad rabto inaad macluumaadkan ku hesho luqaddan. | |
| Laotian / <u>ພາສາລາວ</u> | ເອກະສານນີ້ມີຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບການຈ້າງງານຂອງທ່ານ. ກວດເບິ່ງກ່ອງທີ່ຢູ່ເບື້ອງຊ້າຍເພື່ອຮັບຂໍ້ມູນນີ້ໃນພາສານີ້. | |
| Korean/한국어 | 이 문서에는 귀하의 고용 형태에 관련된 중요한 정보가 담겨있습니다. 이 언어로 이 정보를 | |
| | 받기를 원하시면 왼쪽 상자에 체크하여 주세요. | |
| Tagalog/Tagalog | Ang dokumentong ito ay nagtataglay ng mahalagang impormasyon tungkol sa iyong pagtatrabaho. Lagyan ng tsek ang kahon sa kaliwa upang matanggap ang impormasyon ito sa wikang ito. | |
| Oromo/Oromoo | Waraqaan kun waayee hojii keetii odeeffannoo barbaachisoo ta'an qabatee jira. | |
| | <u>Saaxinnii karaa bitaatti argamu</u> kana irratti mallattoo godhi yoo afaan Kanaan | |
| | barreeffama argachuu barbaadde. | |
| Amharic/ <u>አማርኛ</u> | ይህ ዶኩመንት አቀጣጠሮን በሚመለከት አስፈላጊ መረጃ የያዘ ነው። ይህንን ዶኩመንት በስተግራ በኩል ባለው ቋንቋ ተተርጉሞ እንዲሰጦት ከፈለጉ በዛው በስተግራ በኩል ባለው ሳጥን ውስጥ ምልከት ያድርጉ። | |
| Karen / ကညီကိုဉ် | လိာ်တီလိာ်မီတခါအံၤဟ်ယှာ်တါဂ့ါတါကို၊အကါ ^{စွ} ဉ်လ၊အဘဉ်ယးစီးနုတာဖြံးတာမြန္နဉ်လီ၊ တိုးနီဉ်တာ်ဒ၊လ၊အစ္စဉ်တကပၤလ၊တါကစိုးနှုတ်ဂုါတါကိုုလ၊ကိုဉ်တခါအံုအင်္ဂါတက္နါ. | |

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| | | |