

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):			
<input type="checkbox"/> Employee is exempt from: <input type="checkbox"/> minimum wage <input type="checkbox"/> overtime <input type="checkbox"/> other provisions of Minnesota Statutes 177			
Legal basis for exemption:			
<input type="checkbox"/> Employee is non-exempt (entitled to overtime, minimum wage, other protections under Minn. Stat. 177)			
4. Rate: \$		Additional rates (if applicable):	How applied:
Paid by:	Hour <input checked="" type="checkbox"/>	Shift <input type="checkbox"/>	Day <input type="checkbox"/>
	Salary <input type="checkbox"/>	Piece <input type="checkbox"/>	Commission <input type="checkbox"/>
			Week <input type="checkbox"/>
			Other method <input type="checkbox"/>
Overtime is owed after: 40 hours			
Allowances claimed:			
\$ 0.00	per meal for meal allowance (max = 60% of one hour of adult minimum wage per meal)		
\$ 0.00	per day for lodging allowance (max = 75% of one hour of adult minimum wage per day)		
	(or fair market value)		
5. Leave benefits available:			
<input type="checkbox"/> Sick leave <input type="checkbox"/> Paid vacation <input checked="" type="checkbox"/> Other paid time off			
How benefits are accrued: Number of hours <u>1</u> or days _____ 1 hour of PTO accrues for every 40 hours worked per <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> per pay period <input checked="" type="checkbox"/> per hours worked			
Terms of use: Employee is eligible to request PTO after 600 hours worked or 6 months of employment			
6. Deductions that may be made from employee's pay and amounts: <small>any legal garnishment, tax levy or lien at rate required and/or union dues of 3% of gross wages if employee chooses to join union</small>			
7. Number of days in the pay period: 14		Regularly scheduled payday: every other Friday	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer signature	Date	Employee signature	Date

