

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 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: _____ 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: | | | |
| <input type="checkbox"/> Sick leave <input type="checkbox"/> Paid vacation <input type="checkbox"/> Other paid time off | | | |
| How benefits are accrued: Number of hours _____ or days _____ | | | |
| <input type="checkbox"/> per year <input type="checkbox"/> per month <input type="checkbox"/> per pay period <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Employer signature | | Date | Employee signature |
| | | | Date |

Note: The following statement is being translated and will be provided in the languages below: “This document contains important information about your employment agreement. Check the box at left to receive this information in this language.”

| | |
|-------------------|--|
| Spanish | |
| Hmong | |
| Vietnamese | |
| Mandarin | |
| Russian | |
| Somali | |
| Laotian | |
| Korean | |
| Tagalog | |
| Cushite/ Oromo | |
| Amharic | |
| Karen | |

Translation providers approved by the Minnesota Department of Administration

The Bridge World Language Center, Inc.

110 Second Street S., #213
 Waite Park, MN 56387
 320-259-9239
mini@bridgelanguage.com

Betmar Languages, Inc.

6260 Hwy. 65 N.E., #308
 Minneapolis, MN 55432
 763-572-9711
best@betmar.com

Fox Translation Services

1152 Mae Street, #122
 Hummelstown, PA 17033
 866-369-1646 or 407-733-3720
dina@foxfoxcasemanagement.com

Global Translation and Interpreter

913 E. Franklin Ave., #206
 Minneapolis, MN 55404
 612-722-1244
sandor@globaltranslations.com

Latin American Translators Network, Inc.

1720 Peachtree Street N.W., #532
 Atlanta, GA 30309
 800-943-5286, ext. 8641 translations@latn.com
 800-943-5286, ext. 8620 idenis@latn.com

Lingualinx Language Solutions, Inc.

433 River Street, #6001
 Troy, NY 12180
 518-388-9000
abartlett@lingualinx.com

Prisma International, Inc.

1128 Harmon Place, #310
 Minneapolis, MN 55403
 612-349-3111
jromano@prisma.com

Swits, LTD

110 S. Third Street
 Delavan, WI 53115
 262-740-2590
translations@swits.us

Latitude Prime, LLC.

80 S. Eighth Street, #900
 Minneapolis, MN 55402
 888-341-9080, ext. 501
elle@latitude.com