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| --- |
| 1. **Employee:** **Start Date:**

(Optional) Employee contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Legal name of employer: Main office/principal place of business address:**
 |
| **Operating name of employer (if different): Mailing address (if different):** |
|  |
|  **Phone number:** (Optional) Additional contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Is Employee exempt (from protections under Minn. Stat. ch. 177)?**

[ ]  **No, non-exempt** (i.e. employee is entitled to overtime and other provisions of Minn. Stat. ch 177)  [ ]  **Yes, employee is exempt** (from ☐ overtime ☐ min. wage ☐ other provisions of Minn. Stat. ch 177) |
|  If yes, exempt, identify **legal basis for exemption:** |
|  |
| 1. **Rate or rates of pay:**
 |
| **Paid by: Hour** [ ]  **Shift** [ ]  **Day** [ ]  **Week** [ ]  **Salary** [ ]  **Piece** [ ]  **Commission** [ ]  **Other method \_\_\_\_\_\_\_\_** [ ]  |
| (If applicable) **Overtime is owed after: \_\_\_\_ hours per workweek Overtime rate(s) is calculated as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(If applicable to the position) **– Tips are property of the employee(s). Sharing is voluntary. (Minn. Stat. ch. 177)** |
| Allowances claimed (if any): |
| $ **\_\_\_\_\_** per meal for meal allowance (max = 60% of 1 hour of State of MN adult minimum wage) |
| $ **\_\_\_\_\_** per day for lodging allowance (max = 75% of 1 hour of State of MN adult minimum wage) (or fair market value) |
| 1. **Leave benefits available (check all that apply):**  [ ]  Sick and Safe Time/sick leave [ ]  Other paid time off [ ] Paid vacation
 |
|  How benefits are accrued (include all applicable types):  **Sick and Safe Tim**e**:** \_\_\_\_\_\_\_ hours accrue per \_\_\_\_\_\_\_\_ (OR \_\_\_\_\_\_\_\_ hours frontloaded per year) **Paid vacation:** \_\_\_\_\_\_\_\_\_ hours/days per \_\_\_\_\_\_\_\_\_\_\_\_ **Other paid time off:** \_\_\_\_\_\_\_\_\_ hours/days per \_\_\_\_\_\_\_\_\_\_\_\_ Terms of use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A **new year** for Sick and Safe Time\* accrual or frontloading begins on this date: \_\_\_\_\_\_\_\_\_\_\_\_ Employee may ***not* use** accruedSick and Safe Time\* ***before*** this date(s): [no later than 90 calendar days after start date]\*An employer fulfilling Sick and Safe Time (access) requirements with a vacation or other paid time off plan(s) should provide information about that plan(s). |
|  **6. Deductions that may be made from employee’s pay (and amounts if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **7. Number of days in the pay period:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Regularly scheduled payday:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date employee will receive first payment of wages earned:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **8.** (Optional) Other relevant notice or information:

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|   |

 |
| I, the employee, have received a copy of this notice: [ ]  Yes [ ]  No |
| **Employee Signature** **Date** (Optional) **Employer Signature** **Date** |

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



## Translation providers approved by the Minnesota Department of Administration

| **Betmar Languages, Inc.**6260 Hwy. 65 N.E.Minneapolis, MN 55432763-572-9711best@betmar.com | **The Bridge World Language Center, Inc.**110 Second Street S., #308Waite Park, MN 56387320-259-9239mini@bridgelanguage.com | **Fox Translation Services**1152 Mae Street, #122Hummelstown, PA 17033866-369-1646 or 407-733-3720dina@foxfoxcasemanagement.com |
| --- | --- | --- |
| **Global Translation and Interpreter**913 E. Franklin Ave., #206Minneapolis, MN 55404612-722-1244sandor@globaltranslations.com | **Latin American Translators Network, Inc.**1720 Peachtree Street N.W., #532Atlanta, GA 30309800-943-5286, ext. 8641, translations@latn.com800-943-5286, ext. 8620, idenis@latn.com | **Latitude Prime, LLC**80 S. Eighth Street, #900Minneapolis, MN 55402888-341-9080, ext. 501elle@latitude.com |
| **Lingualinx Language Solutions, Inc.**433 River Street, #6001Troy, NY 12180518-388-9000abartlett@lingualinx.com | **Prisma International, Inc.**1128 Harmon Place, #310Minneapolis, MN 55403612-349-3111jromano@prisma.com | **Swits, LTD**110 S. Third StreetDelavan, WI 53115262-740-2590translations@swits.us |