

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"/>
	Week <input type="checkbox"/>		
	Salary <input type="checkbox"/>	Piece <input type="checkbox"/>	Commission <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