

Employee Prehire Notice

1. Employee:

Start Date:

(Optional) Employee contact information: _____

2. 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: _____

3. 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:

4. 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)

5. 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 Time: _____ 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 accrued Sick 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:

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.

Spanish/Español	Este documento contiene información importante sobre su empleo. Marque la casilla a la izquierda para recibir esta información en este idioma.
Hmong/Hmoob	Daim ntawv no muaj cov xov tseem ceeb hais txog thaum koj ua hauj lwj. Khij lub npauv ntawm sab laug yog koj xav tau cov xov tseem ceeb no txhais ua lus Hmoob.
Vietnamese/Việt ngữ	Tài liệu này chứa thông tin quan trọng về việc làm của quý vị. Đánh dấu vào ô bên trái để nhận thông tin này bằng Việt ngữ.
Simp. 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的信息。
Russian/русский	Данный документ содержит важную информацию о вашем трудоустройстве. Отметьте галочкой квадрат слева для получения этой информации на данном языке.
Somali/Soomaali	Dokumentigan waxaa ku qoran macluumaad muhiim ah oo ku saabsan shaqadaada. Calaamadi sanduugan haddii aad rabto inaad macluumaadkan ku hesho luqaddan.
Laotian/ລາວ	ເອກະສານນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການຈ້າງງານຂອງທ່ານ. ກວດເບິ່ງກ່ອງທີ່ຢູ່ເບື້ອງຊ້າຍເພື່ອຮັບຂໍ້ມູນນີ້ໃນພາສາລາວ.
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 impormasyong ito sa wikang ito.
Oromo/Oromoo	Waraqaan kun waayee hojii keetii odeeffannoo barbaachisoo ta'an qabatee jira. Saaxinnii karaa bitaatti argamu kana irratti mallattoo godhi yoo afaan Kanaan barreeffama argachuu barbaadde.
Amharic/አማርኛ	ይህ ደብዳቤ ለአገልግሎት ሰጪ መስሪቱ አስፈላጊ መረጃ የያዘ ነው። ይህንን ደብዳቤ በስተግራ በኩል ባለው ቋንቋ ተተርጉሞ ለንዲሰጡት ክፍለት በዛው በስተግራ በኩል ባለው ባጥን ውስጥ ምልክት ያድርጉ።
Karen/ကညီကျိာ်	လၢ်တီၢ်ဖိတခါအါပၢ်ယုၢ်တၢ်ဂ့ၢ်တၢ်ကျိၢ်အါခါဒိၣ်လၢအဘၣ်ယးဒီးန့ၣ်ဖဲတၢ်မၤန့ၣ်လီၤ. တီၢ်န့ၣ်တၢ်ခါလၢအခုၣ်တၢ်ကၤလၢတၢ်ကၤဒီးန့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၢ်လၢကျိၢ်တခါအါအီၣ်တၢ်က့ၢ်.
Arabic/العربية	يحتوي هذا المستند على معلومات مهمة حول عملك. ضع علامة في المربع على اليمين للحصول على هذه المعلومات في هذه اللغة.

Translation providers approved by the Minnesota Department of Administration

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