



NOTICE OF HIRE – EMPLOYMENT STATUS AND ACKNOWLEDGEMENT OF WAGE RATE(S)

Notice of Hire (Check only one)

At Hire Current Employee Annual-Current Date _____ Change in pay rate(s) or payday

Effective Date: ____/____/____

Section 1

Employer

Company Name: All Pro All Services

DBA: _____

Permanent Address: 5044 Hanna Place SE

Street Line 2: _____

City: Washington State: DC

Zip Code: 20019

Mailing Address: Same as Physical Address

Street Line 2: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____

Employee

Employee Name: _____

Physical Address: _____

City: _____ State: _____

Zip Code: _____

Mailing Address: Same as Physical Address

Street Line 2: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____

Section 2

Pay Frequency and Payday

Pay Frequency: bi-weekly Designated Pay Day: Friday
(Weekly, bi-weekly, semi-monthly, monthly, etc.) (Day of week when wages are payable/available)

Section 3

Allowances Claimed As Part of Wages: None, or:

- Tips \$ _____ per hour
- Meals \$ _____ per meal
- Lodging \$ _____ per _____
- Other \$ _____ per _____

Section 4

Tipped Employees

As of January 1, 2005, the minimum wage required to be paid by any employer in the District of Columbia to any employee who receives gratuities shall be **\$2.77** an hour, provided that the employee actually receives gratuities in an amount at least equal to the difference between the hourly wage paid and the minimum wage. Also, all gratuities received by the employee must be retained by the employee. This employee (*will or will not*) participate in the following company tip pool:

Tip Pool Policy: (*Explain if applicable*)

Section 5

Basis of Wage Payment

- Minimum Wage** **Living Wage** **Living Wage Exempt** **Employer Determined Wage Rate**

Pay Basis: hourly (hourly, shift, day, week, salary, piece, commission)

Hourly

Multiple Rates or Basis (for each type of basis)

Rate of Pay: _____ per hour

Overtime Rate of Pay* _____ per hour

- Overtime Pay Exemption for bona fide**
- Administrative**
 - Executive**
 - Professional**

Rate of Pay: _____ per _____ Overtime Rate: _____

Rate of Pay: _____ per _____ Overtime Rate: _____

Rate of Pay: _____ per _____ Overtime Rate: _____

*No employer shall employ any employee for a workweek that is longer than 40 hours, unless the employee receives compensation for employment in excess of 40 hours at a rate not less than 1 ½ times the regular rate at which the employee is employed.

Section 6

Prevailing Rate (if Applicable)

Prevailing Rate Jobs: Your rate of pay will be the posted rate for the classification(s) listed.

Classification 1: _____ Prevailing Rate: _____

Classification 2: _____ Prevailing Rate: _____

Classification 3: _____ Prevailing Rate: _____

Section 7

The Department of Employment Services, specifically the Office of Wage-Hour (OWH), is to be contacted as that office is the designated enforcement agency for the concerns about safety, wage and hour, or discrimination. The OWH can be contacted at 202-671-1880 or via e-mail at owh.ask@dc.gov. The office is located at 4058 Minnesota Avenue, NE, Suite 4300 Washington, D.C. 20019. The office is open Monday –Thursday 8:30-4:30 and Friday 9:30-4:30.

Section 8

Employee Acknowledgement: By signing below, I acknowledge that I have received the foregoing information regarding my pay and my Employer. I told my employer what my primary language is:

Check one:

English

I have been given this pay notice in English.

Other Language

_____. I have been given this pay notice in English only, because Office of Wage-Hour does not yet offer a pay notice form in my primary language.

Employee's Signature: _____ Date ____/____/____

Employer's Signature: _____ Date ____/____/____

The Department of Employment Services provides templates for several common types of pay agreements, including dual language notices and acknowledgements in English and Spanish. If any other languages are needed, please contact the Office of Wage-Hour at 202-671-1880. Employers may create their notices, use or adapt the notice provided by The Department of Employment Services, as long as:

- The required information appears in English and the employee's primary language
- The employee receives a copy
- The employee signs an acknowledgment of receipt and identifies their primary language to the employer
- The employer keeps a copy of the notice and acknowledgement form

The Instructional Guide of how to complete this notice is found below:

Instructional Guide

Notice Given

Indicate the reason the form is being provided to the employee.

Section 1

Employer and Employee

Complete all fields.

Section 2

Pay Frequency and Pay Day

Indicate the frequency (e.g., weekly, bi-weekly, etc.) for when regularly scheduled wage payments will be paid and also indicate the specific payday.

Section 3

Allowances Claimed as Part of Wages

Indicate any allowances claimed as part of the minimum wage, including tips, meals, and/or lodging allowances.

Section 4

Tipped Employees

This section provides tipped employees the required notice under § 32-1003(f).

Note: Employers should also provide the company's tip pool policy in this section or as an attachment.

Section 5

Basis of Wage Payment

Employer must specify whether the employee is paid minimum wage, living wage (or living wage exempt), or if the wage rate is an employer-determined rate above minimum wage.

Specify the basis as hour, shift, day, week, salary, piece, and/or commission.

Provide the actual rate for each type of basis the employee will be paid.

Note: Employers must also provide employees with their overtime rate for each basis paid or given notice that they are exempt from overtime. (Specify the reason for the exemption is for bona fide Administrative, Executive, or Professional)

Section 6

Employees Paid Based on Prevailing Rates or other Jobs.

Complete this section when the employee will be paid a prevailing wage rate such as those specified under the Davis Bacon Act or the Service Contract Act.

Employers must specify the classification(s) the employee will work and the related Wage Rate and any Fringe Benefit applicable. Also, explain any overtime rates that will be paid for the work performed over 40 hours in a work week under each prevailing rate.

Section 7

According to WTPAA, information about how to contact the designated enforcement agency for concerns about safety, wage and hour, or discrimination is to be on this notice.

Section 8

Employee Acknowledgement

The employee must acknowledge that he/she has disclosed his/her primary language by checking one of the two boxes and that the employee has received the form by signing and dating the form.

Note: Employees have a right to receive this notice in a language other than English but only for those languages for which the DOES Office of Wage-Hour has developed its own dual-language notice. Notices will be available from Office of Wage-Hour in English and Spanish. If you need the forms translated in other languages, please contact our office at 202-671-1880.

If an employee refuses to sign the notice, an employer should still give the notice to the employee and note the employee's refusal on its copy of the notice.