



**FORM PROVIDING EMPLOYEES INFORMATION REGARDING THEIR EMPLOYER AND PAY AS REQUIRED BY § 70-306(b) OF PINELLAS COUNTY'S WAGE THEFT/RECOVERY ORDINANCE**

Pursuant to §70-306(b) of the Pinellas County Codes relating to Wage Theft/Recovery, employees are entitled to receive from their employer written confirmation of certain information relating to their employment. The minimal information employees must receive in writing is as follows:

**1) Information about your rate of pay/remuneration/pay date:**

I am to be paid \$ \_\_\_\_\_ per \_\_\_\_\_ Hour \_\_\_\_\_ Week \_\_\_\_\_ Bi-Weekly  
\_\_\_\_\_ Monthly \_\_\_\_\_ Other (explain: \_\_\_\_\_  
\_\_\_\_\_ )

Overtime or Commissions, if any, will be calculated and paid as follows: \_\_\_\_\_  
\_\_\_\_\_

The day/date on which you will receive your pay will be: \_\_\_\_\_  
\_\_\_\_\_

**2) Allowances constituting a portion or part of your minimum rate of pay/remuneration, such as meals, lodging, or other, are as follows:**

Meals: \$ \_\_\_\_\_ per \_\_\_\_\_ ;

Lodging: \$ \_\_\_\_\_ per \_\_\_\_\_ ;

Other (s): \$ \_\_\_\_\_ per \_\_\_\_\_ ;

\$ \_\_\_\_\_ per \_\_\_\_\_ ;

**3) The name of your employer, including any "doing business as" name, is as follows:**

**4) The address of your employer's principal place of business is:**

**5) If different than the principal place of business, your employer's mailing address is:**

**6) Your employer's Telephone number(s) is/are:**

Copy of above information provided to \_\_\_\_\_ (employee's name) on  
\_\_\_\_\_ (date). Signed by Employee \_\_\_\_\_