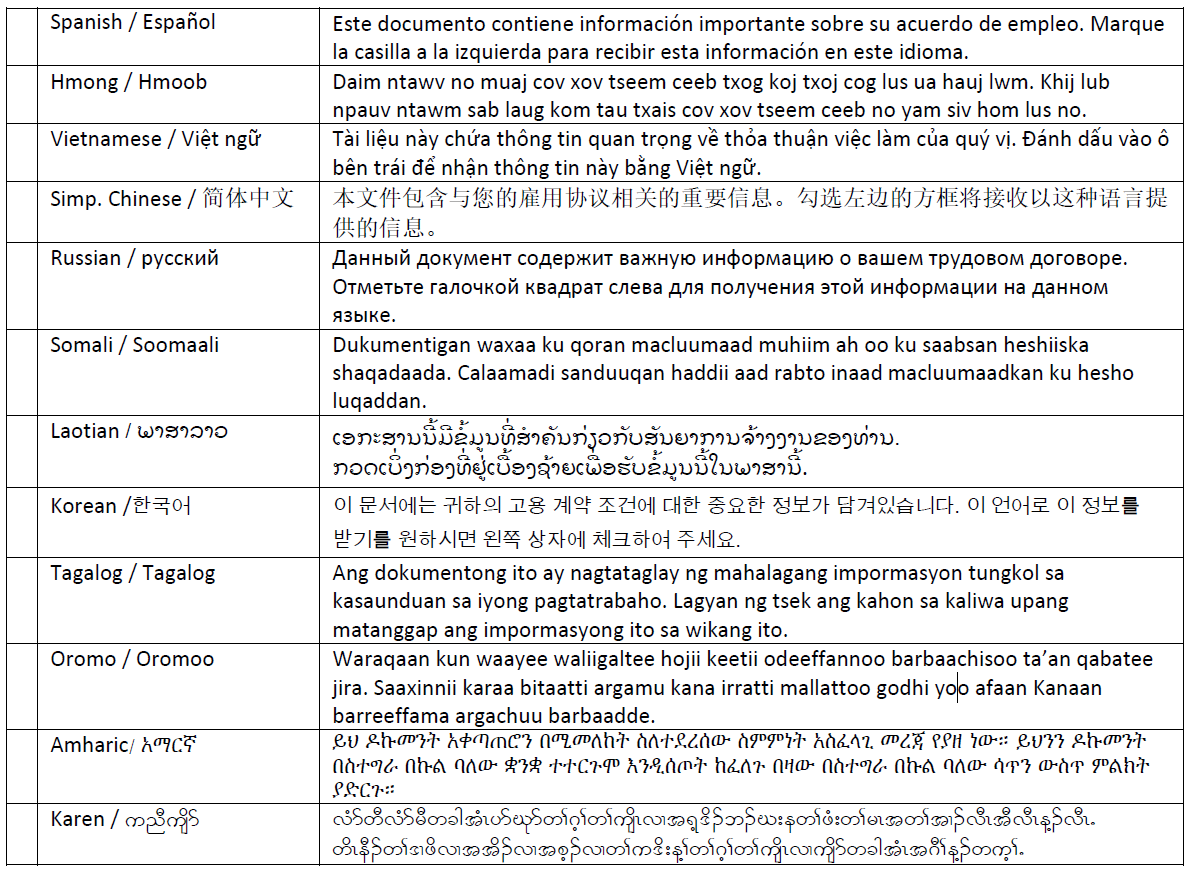
**Employer Information Sheet**

*New employees: This list represents information about COMPANY NAME as an employer and is required for all new employees in Minnesota. Please review and sign your acknowledgment of receipt below.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Employee: | | | | | | Address: | | | |
| Phone number: | | | | | | Email address: | | | |
| Date employment began: | | | | | | Job Title: | | | |
| 1. Legal name of employer: | | | | | | 1. Main office/Principal place of business address: | | | |
| Phone number: | | | | | | Email address: | | | |
| 1. 3. Employment status (exempt or non-exempt): | | | | | | | | | |
| Employee is exempt from:  minimum wage  overtime  other provisions of Minnesota Statutes 177 | | | | | | | | | |
| Legal basis for exemption: | | | | | | | | | |
| Employee is non-exempt (entitled to overtime, minimum wage, other protections under Minn. Stat. 177) | | | | | | | | | |
| 1. Rate: $ | | Additional rates (if applicable): | | | | | | How applied: | |
| Paid by: | Hour | Salary | | Other method | | | |  | |
| Overtime is owed after: hours | | | | | | | | | |
| Allowances claimed: | | | | | | | | | |
| 1. Leave benefits available: | | | | | | | | | |
| Personal Time Off (PTO)  Sick and Safety Time (SST)  Other paid time off: | | | | | | | | | |
| PTO:  SST:  Other: | | | | | | | | | |
| Terms of use: | | | | | | | | | |
| 1. Deductions that may be made from employee’s pay and amounts:   Deductions that may be made from employee’s pay and amounts: taxes, child support and garnishments as required by state, federal and local law. Elected retirement contributions. Benefit premiums for elected benefits | | | | | | | | | |
| 1. Number of days in the pay period: | | | | | | | Regularly scheduled payday: | | |
| Date employee will receive first payment of wages earned: | | | | | | | | | |
| 1. Other information relevant to this position: | | | | | | | | | |
| I, the employee, have received a copy of this notice:  Yes  No | | | | | | | | | |
| Employer signature | | | Date | | Employee 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.** **The Bridge World Language Center, Inc.** **Fox Translation Services**  
6260 Hwy. 65 N.E., #308 110 Second Street S., #213 1152 Mae Street, #122  
Minneapolis, MN 55432 Waite Park, MN 56387 Hummelstown, PA 17033  
763-572-9711 320-259-9239 866-369-1646 or 407-733-3720  
[best@betmar.com](mailto:best@betmar.com) [mini@bridgelanguage.com](mailto:mini@bridgelanguage.com) [dina@foxfoxcasemanagement.com](mailto:dina@foxfoxcasemanagement.com)

**Global Translation and Interpreter** **Latin American Translators Network, Inc.** **Latitude Prime, LLC**  
913 E. Franklin Ave., #206 1720 Peachtree Street N.W., #532 80 S. Eighth Street, #900  
Minneapolis, MN 55404 Atlanta, GA 30309 Minneapolis, MN 55402  
612-722-1244 800-943-5286, ext. 8641 888-341-9080, ext. 501  
[sandor@globaltranslations.com](mailto:sandor@globaltranslations.com) [translations@latn.com](mailto:translations@latn.com) [elle@latitude.com](mailto:elle@latitude.com)

**Lingualinx Language Solutions, Inc. Prisma International, Inc.** **Swits, LTD**   
433 River Street, #6001 1128 Harmon Place, #310 110 S. Third Street   
Troy, NY 12180 Minneapolis, MN 55403 Delavan, WI 53115   
518-388-9000 612-349-3111 262-740-2590  
[abartlett@lingualinx.com](mailto:abartlett@lingualinx.com) [jromano@prisma.com](mailto:jromano@prisma.com) [translations@swits.us](mailto:translations@swits.us)