

Employee Rate Record (ERR)

Minnesota Statute § 177 (MN Wage Theft Law) requires you to provide your employees a written copy of their rate of pay upon hire and at any change during employment.

A signed copy of this written statement must be submitted to Consumer Directions Inc. along with the employee's time sheet.

Employee Name: _____

Effective Date: _____

Participant: _____

Managing Party: _____

Rate of Pay: _____

By signing this form I, the employee, am acknowledging that I have retained a copy of this document and all provided information for my own records.

Employee Signature: _____ Date: _____

Managing Party Signature: _____ Date: _____

It is the Managing Party's duty to ensure a completed copy of this Notice has been provided to the Employee and a signed copy is returned to Consumer Directions Inc.

****Form must be received with in 30 day of effective date**

Please submit the completed form with the Employee's time sheet to:

E-mail: Payroll@yourfse.com

By Fax: 320-258-3238

Office Use Only:

____ Entered In FMS Engine

____ Completed in Sage

____ Saved in Employee File