

## WAGE PAYMENT NOTIFICATION FORM

Rate or rates of pay:

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Overtime rate or rates of pay:

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Paid by/on:

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Pay Frequency:

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Place of Payment:

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Position/Title:

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Regularly scheduled pay day(s)/dates(s):

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Regular work schedule:

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**I, the employee, acknowledge that I have received a copy of this notice:**

Employee name:

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Employee signature:

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Date:

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