



WAGE PAYMENT NOTIFICATION FORM

Rate or rates of pay:	
Overtime rate or rates of pay:	
Paid by/on:	
Pay Frequency:	
Place of Payment:	
I, the employee, acknowledge that I have received a copy of this notice:	
Employee name:	
Employee signature:	

Date:

DecisionHR 5801 Postal Road P.O. Box 818020 Cleveland, Ohio 44181