

Rhode Island New Hire Written Notice of Employment Terms

This written notice is provided in accordance with Rhode Island wage and hour laws. It is intended to clearly communicate the terms and conditions of your employment. Please review carefully and acknowledge receipt at the end of this document.

Employee Information

- **Employee Name:** _____
 - **Job Title:** _____
 - **Department:** _____
 - **Start Date:** _____
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1. Rate(s) of Pay and Basis

You will be paid as follows:

- **Rate(s) of Pay:** _____
 - **Basis of Pay (check all that apply):**
 - Hourly
 - Salary
 - Shift
 - Day
 - Week
 - Piece
 - Commission
 - Other (describe): _____
 - **Overtime Rate (if applicable):** _____
 - **Additional Pay Rates or Differentials (if any):**
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2. Allowances (Meals and Lodging)

- No allowances are claimed
- Allowances are claimed as follows (if applicable):
 - Meals: _____
 - Lodging: _____

(All allowances are applied in accordance with Rhode Island law.)

3. Leave and Work Policies

Your eligibility for leave and time off is governed by company policy, which includes:

- **Sick Leave:** _____
- **Vacation/Paid Time Off (PTO):** _____
- **Personal Leave:** _____
- **Holidays:** _____
- **Regular Work Hours / Schedule:** _____

(Refer to the Employee Handbook or policy documents for full details.)

4. Employment Status

- **Employment Status:**
 - Full-Time
 - Part-Time
 - Temporary
 - Seasonal
 - **Exemption Status:**
 - Non-Exempt (eligible for overtime)
 - Exempt (not eligible for overtime)
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5. Payroll Deductions

The following deductions **may** be taken from your pay, as permitted by law:

- Federal and state taxes
 - Social Security and Medicare
 - Court-ordered garnishments (if applicable)
 - Benefit premiums (if elected)
 - Other authorized deductions: _____
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6. Pay Schedule

- **Pay Period Length:** _____
 - **Regular Payday:** _____
 - **First Paycheck Date:** _____
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7. Employer Identity

- **Legal Name of Employer:** _____
 - **Operating / DBA Name (if different):** _____
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8. Employer Address

- **Physical Address (Principal Place of Business):**
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- **Mailing Address (if different):**
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9. Employer Contact Information

- **Telephone Number:** _____
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Acknowledgment of Receipt

I acknowledge that I have received this written notice of my pay and employment terms. I understand that this notice is for informational purposes and does not alter the at-will nature of my employment (if applicable).

Employee Signature: _____

Date: _____

Employer Representative Signature: _____

Date: _____