



**TEMPORARY STAFFING FIRMS
NOTICE OF HIRE – EMPLOYMENT STATUS
AND ACKNOWLEDGEMENT OF WAGE RATE(S)**

Notice of Hire (Check only one)

Initial Interview Assignment Range of Dates able to work: ____/____/____ to ____/____/____

Section 1

Temporary Staffing Agency	Client Employer (The hire's assignment location of employment)
Company Name: <u>Rhodes + Weinstock, LLC</u>	Name of Client: _____
DBA: <u>R + W group</u>	DBA: _____
Permanent Address: <u>1701 PENNSYLVANIA AVE NW</u>	Physical Address: _____
Street Line 2: <u>#300</u>	Street Line 2: _____
City: <u>Wash.</u> State: <u>DC</u> Zip Code: <u>20006</u>	City: _____ State: _____ Zip Code: _____
Mailing Address: <input checked="" type="checkbox"/> Same as Permanent Address	Employee
_____	Employee Name: _____
Street Line 2: _____	Physical Address: _____
City: _____ State: _____ Zip Code: _____	Street Line 2: _____
Phone: (____) _____ - _____	City: _____ State: _____ Zip Code: _____

Section 2

Pay Frequency and Payday

Pay Frequency: weekly Designated Pay Day: FRIDAY Range of Potential Pay Rate: -
(Weekly, bi-weekly, (Day of week when wages TBP
semi-monthly, monthly, etc) are payable/available) Any Benefits:

Payday may vary depending upon the usual practice at the assignment

Assignment Particulars

Anticipated length of the assignment: _____	Legal entity responsible for Workers' Compensation should the employee be injured on the job: <u>R + W group</u>
Training or Safety equipment required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Who is obligated to provide and pay for equipment?	

Section 3

Allowances Claimed As Part of Wages: None, or:

<input type="checkbox"/> Tips	\$ _____	per hour
<input type="checkbox"/> Meals	\$ _____	per meal
<input type="checkbox"/> Lodging	\$ _____	per _____
<input type="checkbox"/> Other	\$ _____	per _____

Section 4

Tipped Employees

As of January 1, 2005, the minimum wage required to be paid by any employer in the District of Columbia to any employee who receives gratuities shall be **\$2.77** an hour, provided that the employee actually receives gratuities in an amount at least equal to the difference between the hourly wage paid and the minimum wage. Also, all gratuities received by the employee must be retained by the employee. This employee (will or will not) participate in the following company tip pool:

Tip Pool Policy: (Explain if applicable)

Section 5

Basis of Wage Payment

- Minimum Wage Living Wage Living Wage Exempt Employer Determined Wage Rate

Pay Basis: _____ (hourly, shift, day, week, salary, piece, commission)

Hourly

Multiple Rates or Basis (for each type of basis)

Rate of Pay: _____ per hour

Rate of Pay: _____ per _____ Overtime Rate: _____

Overtime Rate of Pay* _____ per hour

Rate of Pay: _____ per _____ Overtime Rate: _____

Rate of Pay: _____ per _____ Overtime Rate: _____

Overtime Pay Exemption for bona fide

*No employer shall employ any employee for a workweek that is longer than 40 hours, unless the employee receives compensation for employment in excess of 40 hours at a rate not less than 1 ½ times the regular rate at which the employee is employed.

Administrative

Executive

Professional

Section 6

Prevailing Rate (if Applicable)

Prevailing Rate Jobs: Your rate of pay will be the posted rate for the classification(s) listed.

Classification 1: _____ Prevailing Rate: _____

Classification 2: _____ Prevailing Rate: _____

Classification 3: _____ Prevailing Rate: _____

Section 7

The Department of Employment Services, specifically the Office of Wage-Hour (OWH), is to be contacted as that office is the designated enforcement agency for the concerns about safety, wage and hour, or discrimination. The OWH can be contacted at 202-671-1880 or via e-mail at owh.ask@dc.gov. The office is located at 4058 Minnesota Avenue, NE, Suite 4300 Washington, D.C. 20019. The office is open Monday –Thursday 8:30-4:30 and Friday 9:30-4:30 .

Section 8

Employee Acknowledgement: By signing below, I acknowledge that I have received the foregoing information regarding my pay and my Employer. I told my employer what my primary language is:

Check one:

English

I have been given this pay notice in English.

Other Language

_____. I have been given this pay notice in English only, because Office of Wage-Hour does not yet offer a pay notice form in my primary language.

Employee's Signature: _____ Date ____/____/____

Employer's Signature: _____ Date ____/____/____