

## 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/ to/	
Section 1	
Temporary Staffing Agency	Client Employer
	(The hire's assignment location of employment)
Company Name: Palmer Staffing Services	Name of Client:
DBA:	DBA:
Permanent Address: 1001 Connecticut Avenue NW	Physical Address:
Street Line 2: Suite 715	Street Line 2:
City: Wash., DC State: Zip Code: 20036	City: State: Zip Code:
Mailing Address: ☐ Same as Permanent Address	(Employee)
	Employee Name:
Street Line 2:	Physical Address:
City: State: Zip Code:	Street Line 2:
Phone: ( 202 ) 464 _ 1000	City: State: Zip Code:
Section 2	
Pay Frequency and Payday	
Pay Frequency: Weekly Designated Pay Day: Thursday Range of Potential Pay Rate:	
(Weekly, bi-weekly, (Day of week when wages semi-monthly, monthly, etc) are payable/available)	Any Benefits:
☐ Payday may vary depending upon the usual practice at the ass	
Assignment Particulars	
7.55.8	Legal entity responsible for Workers' Compensation
Anticipated length of the assignment:	should the employee be injured on the job:
Training or Safety equipment required: ☐ Yes ☐XNo	Palmer Staffing Services
Who is obligated to provide and pay for equipment?	
Section 3	
Allowances Claimed As Part of Wages: □湫one, or:	
□ Tips \$ per hour	
□ Meals \$ per meal	
□ Lodging       \$ per         □ Other       \$ per	
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## Section 4 **Tipped Employees** As of July 1, 2022, the minimum wage required to be paid by any employer in the District of Columbia to any employee who receives gratuities shall be \$5.35 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 ▼ Employer Determined Wage Rate** □ Minimum Wage □ Living Wage □ Living Wage Exempt Pay Basis: Hourly (hourly, shift, day, week, salary, piece, commission) □ Hourly □ Multiple Rates or Basis (for each type of basis) Rate of Pay: \_\_\_\_\_\_ per \_\_\_\_\_ Overtime Rate: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ per hour Rate of Pay: \_\_\_\_\_ per \_\_\_\_ Overtime Rate: \_\_\_\_ Rate of Pay: \_\_\_\_\_ per \_\_\_\_ Overtime Rate: \_\_\_\_ Overtime Rate of Pay\*\_\_\_\_\_ per hour \*No employer shall employ any employee for a workweek that is longer than □ **Overtime** Pay Exemption **for bona fide** 40 hours, unless the employee receives compensation for employment in Administrative excess of 40 hours at a rate not less than 1 ½ times the regular rate at which the employee is employed. 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. Date \_\_/\_\_\_/\_\_\_ Employee's Signature: Employer's Signature: \_\_\_\_\_ Date\_\_\_/\_\_\_\_\_ Date\_\_\_\_/