



MILLER & ZOIS, LLC

ATTORNEYS AT LAW

EMPLOYEE _____
COMPANY _____
ADDRESS _____
PHONE NUMBER _____
POSITION _____

WEEKLY DAYS AND HOURS WORKED BY EMPLOYEE:

_____ THRU _____

_____ a.m./p.m. TO _____ a.m./p.m.

CIRCLE DAYS NORMALLY OFF: S M T W TH F SA

RATE OF PAY:

HOURLY: _____ WEEKLY : _____ ANNUALLY: _____

EXPLANATION OF OVERTIME IF REGULARLY WORKED: _____

DATES OF MISSED WORK BY EMPLOYEE WHETHER FULL OR PARTIAL DAYS

TOTAL HOURS LOST BY EMPLOYEE: _____

TOTAL OVERTIME HOURS LOST BY EMPLOYEE: _____

DATE _____

SUPERVISOR: _____

TITLE: _____

PHONE #: _____

I, hereby authorize my employers to release the above requested wage information to my attorneys, Miller & Zois, LLC.

EMPLOYEE SIGNATURE: _____

DATE: _____