

# CLIENT INFORMATION SHEET

(Wage & Hour Violations For Non-Exempt Employees)

## GENERAL INFORMATION

Name: \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

CLIENT REFERRED BY: \_\_\_\_\_

## EMPLOYER

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

Hire Date: \_\_\_\_\_

Employee Number (If Different From Social Security #): \_\_\_\_\_

If Former Employee, Last Employment Date: \_\_\_\_\_

Please List All Titles Or Positions With Employer And Dates For Each Position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Please State The Approximate Number Of Your Co-Workers: \_\_\_\_\_

Please State How Your Employer Pays/Paid You: Salary   Hourly Rate   Commission  
Piece Rate   (Please Circle One Or More)

Please Explain In Detail How You Are/Were Compensated By Your Employer: \_\_\_\_\_

---

---

---

---

#### HOURS WORKED

Does/Did Your Employer Require You And Your Co-Workers To Work “Off The Clock”? Yes   No   Not Sure (Circle One)

Does/Did Your Employer Require You And Your Co-Workers To “Wait Around” For Work Without Paying For Your Waiting Time? Yes   No   Not Sure

Does/Did Your Employer Require You To Travel To Work Locations Without Paying You For This Travel Time? Yes   No   Not Sure

Does/Did Your Employer “Round Off” Time Recorded On Your Time Cards? Yes  
No   Not Sure

#### OVERTIME

Does/Did Your Employer Pay Time And A Half If You Worked More Than 8 Hours?  
Yes   No   Not Sure (Circle One)

Does/Did Your Employer Pay Time And A Half If You Worked More Than 40 Hours  
Per Week? Yes   No   Not Sure

MEAL BREAKS

Does/Did Your Employer Allow You And Your Co-Workers To Take Meal Breaks?

Yes No Not Always (Circle One)

Do/Did You And Your Co-Workers Have Too Much Work To Take Meal Breaks?

Yes Often Sometimes No

Do/Did You Receive A Meal Break If You Work/Worked More Than 5 Hours?

Yes No Not Always

Do/Did You Receive A Meal Break If You Work/Worked More Than 10 Hours?

Yes No Not Always

Does/Did Your Employer Keep Track Of Your Meal Breaks?

Yes No Not Sure

If You Got A Meal Break, How Long Was The Meal Break? \_\_\_\_\_ Minutes

REST BREAKS

Does/Did Your Employer Allow You And Your Co-Workers To Take Rest Breaks?

Yes No Not Always (Circle One)

Do/Did You and Your Co-Workers Have Too Much Work To Take Rest Breaks?

Yes No Not Always

Do/Did You Receive A Rest Break If You Work/Worked More Than 4 Hours?

Yes No Not Always

If You Got A Rest Break, How Long Was The Rest Break? \_\_\_\_\_ Minutes

WORK-RELATED EXPENSES

Does/Did Your Employer Require You To Pay For Any Of The Following? (Circle One)

Uniforms? Yes No

Laundry Of Uniforms? Yes No

Tools? Yes No

Work Shoes? Yes No

Mileage/Use Of Your Own Car? Yes No

Use Of Your Personal Cell Phone? Yes No

### PAY STUBS

How Often Does/Did Your Employer Pay You? Weekly Every Two Weeks Once A Month (Circle One)

Do/Did Your Receive A Pay Stub Or Pay Statement Every Time You Are/Were Paid?  
Yes No

Does/Did Your Pay Stubs Or Pay Statements Accurately Reflect Hours You Worked?  
Yes No

Does/Did Your Pay Stubs Or Pay Statements Accurately Reflect Your Hourly Rate?  
Yes No

### BONUSES

Does/Did Your Employer Pay Bonuses? Yes No (Circle One)

If Yes, Please Explain How Bonuses Are/Were Determined:\_\_\_\_\_

---

---

---

---

---

FINAL PAYCHECK

If You Were Terminated Or Laid Off, Did You Receive Your Final Paycheck On The Last Day You Worked? Yes No (Circle One)

If No, How Many Days Later Did You Receive Your Final Paycheck? \_\_\_\_\_

If You Quit, Did You Receive Your Final Paycheck Within 3 Days Of The Last Day You Worked? Yes No

If No, How Many Days Later Did You Receive Your Final Paycheck? \_\_\_\_\_