EMPLOYEE PAYCHECK RECEIPT ACKNOWLEDGMENT AND UNDERSTANDINGS

TO EMPLOYER: To be provided to employees with each paycheck or payroll envelope.

TO EMPLOYEE: Please read carefully and sign below. If you require translation, by signing below you acknowledge that this form has been read to you in your native language or otherwise translated, and that you understand completely the contents of the form.

By signing below, I acknowledge that:

* I received my paycheck for the pay period, _____.

* My paycheck accurately reflects wages, including any overtime, for all hours I actually worked, and accurately reflects any voluntary deductions requested.

* I understand that my employer's policy requires me to promptly clock in and clock out when I commence my work duties and end my work duties, including before and after my unpaid lunch period which I acknowledge is more than 30 minutes.

If I believe that my paycheck or hours worked is not accurate, or that I have sustained a workplace-related injury, accident or wrongdoing, I will immediately notify _____ and provide specific details in writing below. If I believe everything is fine, I will simply sign and date below without details.

Details:

Employee Signature _____

_____ **Dated:**_____

(Printed Name)©

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