

MODEL
Notice of Employment Information

An Employer's written or electronic Notice of Employment Information shall include the following items:

1. Name of Employer and any trade ("doing business as") names used by the Employer;
 2. Physical address of the Employer's main office or principal place of business and, if different, a mailing address;
 3. Telephone number and, if applicable, email address of the Employer;
 4. Employee's rate or rates of pay, and, if applicable, eligibility to earn an overtime rate or rates of pay;
 5. Employer's Tip policy, with an explanation of any Tip sharing, pooling, or allocation policies;
 6. Pay basis (e.g. hour, work shift, day, week, commission);
 7. Employee's established Pay Day;
 8. A written good faith estimate of the Employee's work schedule including the median number of hours the Employee can expect to work each work week, and whether the Employee will be expected to work on-call shifts; and
- b. Employers shall give written or electronic Notice of Employment Information to Employees in English, Spanish, and any language spoken by at least one-third of Employees at the workplace.
- c. Employers shall give this written or electronic Notice of Employment Information to Employees at time of hire and, for those Employees who work for the Employer as of the effective date of this Bylaw, within 90 days of the effective date of this Bylaw.
- d. Employers shall revise the written or electronic Notice of Employment Information before any change to the employment information contained in the Notice of Employment, or as soon as practicable for retroactive changes to such employment information. For the written or electronic good faith estimate of the Employee's work schedule in Subsection 2.a.8. above, the Employer is required to revise the notice once every year and when there is a significant change to the work schedule due to changes in the Employee's availability or to the Employer's business needs.
- e. Failure to give this written or electronic Notice of Employment Information shall be a violation of this Bylaw and, should a complaint relative to Compensation be filed by an Employee with the Attorney General or other appropriate state or federal agency, the Town shall provide certified copies of any findings of violation to such agency.

Model Notice below, refer to above if questions:

Employer Name: *Town of Amherst Massachusetts*

Employer Address: *Town Hall, 4 Boltwood Avenue, Amherst MA 01002-2302*

Phone: *413-259-3002*

Email: humanresources@amherstma.gov

Employee Name: *Jane Smith*

Employee's rate or rates of pay, and, if applicable, eligibility to earn an overtime rate or rates of pay;

- Annual Rate: *\$50,000*
- Bi-weekly rate: *\$1923.08*
- FLSA Exempt (salaried) or Non-Exempt (hourly): *Salaried*

Employer's Tip policy, with an explanation of any Tip sharing, pooling, or allocation policies:
Not applicable

Pay basis (e.g. hour, work shift, day, week, commission): *Bi-Weekly through Direct Deposit*

Employee's established Pay Day: *Friday*

A written good faith estimate of the Employee's work schedule including the median number of hours the Employee can expect to work each work week, and whether the Employee will be expected to work on-call shifts; and

Monday through Friday: 8:00AM– 4:30PM