



# Stephen B. Plott

ATTORNEY AT LAW

EMPLOYEE: \_\_\_\_\_  
 COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NO.: \_\_\_\_\_  
 POSITION: \_\_\_\_\_

WEEKLY DAYS AND HOURS WORKED BY EMPLOYEE:

\_\_\_\_\_ THRU \_\_\_\_\_  
 \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

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: \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_

I hereby authorize my employers to release the above requested wage information to my attorney, Stephen B. Plott, Esq.

EMPLOYEE SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_