Wage Statement
(Optional Form)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

Employee					Social Security No.			OMB No.: 1215-0148 Expires: 08-31-2003		
Permanent Address								Workweek Ending (Month, day, year)		
								Total Hours Worked in Week		
Day/date	Sun/	Mon/	Tues/	Wed/	Thurs/	Fri/	Sat/			
Starting Time										Itemized Deductions
Quitting Time									FICA	
Hours Worked									Federal Tax	
Crop/Task Units Done									State Tax	
									Rent	
								Total Gross Pay	Food	
									Transportation	
Rate of Pay (Hourly or Piece Rate)									Other	
Daily Pay									Other	
Employer										
Address									Total Deductions	
									Net Pay (Amount Due Employed)	Date Paid:
Employer identification number										

Instructions

Properly filled out, this optional form will satisfy the requirements of sections 201 (d), (e), and (g) and sections 301 (c), (d), and (f) of the Migrant and Seasonal Agricultural Worker Protection Act (MSPA). This forms also satisfies statutory requirements under section 11(c) of the Fair Labor Standards Act (FLSA). If the employer chooses not to use this optional form, the information still must be maintained by the employer and provided to the employee in written form.

PAYROLL INFORMATION: Enter the month, day and year on which the employee's payroll workweek ends. Enter the calendar date of the day worked. Enter the time work started and ended each day. Enter the total time actually worked each day. Subtract bona fide meal periods. Crop/Task - Units done - Enter the kind of work (such as picking oranges per bin) and the number of units produced if the employee is paid on a piece work or task basis. Enter the hourly or piece rate of pay. Enter the amount of the gross daily pay computed at the hourly and/or piece rate

ITEMIZED DEDUCTIONS: In addition to FICA (Social Security), federal tax, state tax, and rent, food, and transportation deductions (if any), enter any other specified deductions in right column and then transfer to left. Subtract total deductions from total Gross Pay - Enter the result as Net Pay (Amount Due Employee). Enter date worker is paid.

NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

BURDEN STATEMENT

We estimate it will take an average of one (1) minute to complete this collection of information, including time for reviewing instrcutions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspects of this information collection, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Employment Standards Administration, Administrator, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**