

STATE OF NEVADA

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Department of Business & Industry
OFFICE OF THE LABOR COMMISSIONER

www.labor.nv.gov

REQUEST FOR RECORDS OF WAGES

Employee Name: _____ **Email Address:** _____

Mailing Address: _____

City, State, Zip: _____ **Phone #** _____

Records Requested

Daily Time Records Itemized List of Deductions

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Person to Contact: _____ **Phone #:** _____

Starting Date Requested: _____ **Ending Date Requested:** _____

In accordance with Nevada Revised Statutes 608.115(2), the undersigned employee has requested, to their former employer, **in writing**, that a copy of their wage/payroll records be provided to them.

- Yes, If yes, submit a copy of the request with this form
- No, If no, you must first request a copy of the information before the Labor Commissioner's Office can request on your behalf.

If I do not pick up records within 30 days of being notified, I understand the records will be destroyed and I cannot ask for them again.

I authorize the Nevada State Labor Commissioner to make a demand upon my former employer to secure my records of wages.

Signature **Date**

Request # _____

OLC 2022