

# STATE OF NEVADA

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Department of Business & Industry  
OFFICE OF THE LABOR COMMISSIONER

[www.labor.nv.gov](http://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, **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 2023