

WE ARE YOUR DOL



Division of Labor Standards

Letter of Representation – Employer Representative

Fill in each item if you are representing an employer in a Labor Standards matter.

Please see the Electronic Notice Option Form LS 33 to receive notices electronically.

All fields must be completed.

1. Employer/Client Information

Date: _____

Case File Identification Number or Order to Comply Number: _____

Employer/Business Name(s): _____

Subject of Claim (e.g., minimum wage, overtime etc.): _____

Complainant Name (if known): _____

2. Employer Representative Information

Organization/Firm Name: _____

Name: _____

Title: _____

Choose One: Attorney Accountant Other: _____

Signature: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

3. Additional Information (please complete all sections)

Is your client involved in any pending legal actions regarding labor laws (lawsuits, etc.)?

Yes No If yes, please provide details: _____

Have any claimants or claimant representatives corresponded directly with you or your client regarding the subject of our investigation? Yes No

If yes, please explain and provide copies of all correspondence along with this form.

Is your client involved in a pending bankruptcy matter? Yes No

If yes, please provide details including docket number, date, etc.: _____

Is your client signatory to a collective bargaining agreement? Yes No

If yes, please provide the union name and contact information, if available: _____

If yes, are there any pending grievances related to labor law issues? Yes No

If yes, please provide details: _____

4. Client(s) Authorization: I authorize the above named individual and/or organization to represent me in matters involving the case indicated above. You have my permission to communicate or share information with my representative as necessary.

Client Name and Title: _____

Client Signature: _____

Client Name and Title: _____

Client Signature: _____