

**U.S. Department of Labor**

May 13, 2015

Wage & Hour Division  
210 Walnut St., Rm. 643  
Des Moines, Iowa 50309  
Telephone: (515) 284-4625



**Scheduled Appointment**

**Date: May 22, 2015 (Friday)**

**Time: 9:00am**

The Wage-Hour Division is responsible for the administration and enforcement of a number of Federal labor laws involving labor standards, including the Fair Labor Standards Act (FLSA). This letter is to formally advise you that I will visit your establishment on the date and time shown above to determine compliance with one or more of these laws. The statutory provision authorizing such investigations and the regulations covering inspection of records by duly authorized representatives of this agency are contained in Section 11(a), and 11(c) of the Fair Labor Standards Act.

In this regard, please make the following records available:

1. The business names under which you have conducted business, the addresses at which such businesses have been conducted, and the Federal Tax ID number for each location.
2. Names and ownership percentages of corporate owners, partners, or sole proprietors.
3. Records or documents which reflect the annual dollar volume of business done for each business entity for the past three years (e.g. tax return, end-of-year financial summary, profit/loss statement).
4. A list of all employees for the past two years (current and former). Please include name, address, telephone number, position, pay rate, and period of employment. Please also provide the date of birth for employees under the age of 18 (*including those employed while under the age of 18 anytime during the past 2 years*).
5. A copy of the time and payroll records for the most recently ended pay period prior to my contact (May 7th ending pay period) along with the time and pay roll records for the pay period ending April 30th. In addition, I will need time and payroll records for four (4) pay periods from the past two years: two adjacent pay periods in the beginning of August 2013, and two adjacent pay periods in the beginning of November 2014. The payroll records should convey the employees' rates of pay, total hours worked each workweek, gross pay, deductions, and actual

Summary of Unpaid Wages

U.S. Department of Labor  
Wage and Hour Division



<b>Office Address:</b> Des Moines IA District Office 210 Walnut Street Room 643 Des Moines, IA 50309 515-284-4625	<b>Investigator:</b> Melissa Wright	<b>Date:</b> 09/02/2015
	<b>Employer Fed Tax ID Number:</b> [REDACTED]	

1. Name	2. Address	3. Period Covered by Work Week Ending Dates	4. Act(s)	5. BWs Due	Total
1. [REDACTED]	[REDACTED]	04/09/2014 to 05/20/2015	FLSA	\$1,455.66	\$1,455.66
				\$1,455.66	\$1,455.66
2. [REDACTED]	[REDACTED]	04/09/2014 to 08/12/2015	FLSA	\$1,434.42	\$1,434.42
				\$1,434.42	\$1,434.42

I agree to pay the listed employees the amount due shown above by 10/02/2015  Signed: _____  Date: _____	<b>Employer Name and Address:</b> [REDACTED]	<b>Subtotal:</b> \$2,890.08	\$2,890.08
		<b>Total:</b> \$2,890.08	\$2,890.08

Form WH-56

U.S. Department of Labor  
Wage and Hour Division  
Receipt for Payment of Back Wages, Liquidated Damages,  
Employment Benefits, or Other Compensation



I, [REDACTED], have received payment of wages, liquidated damages, employment benefits, or other compensation due to me from [REDACTED] (name and location of the establishment)  
[REDACTED] Des Moines IA [REDACTED]

for the period beginning with the workweek ending 04/09/2014 through the workweek ending 08/12/2015. The amount of the payment I received is shown below. This payment of wages and other compensation was calculated or approved by the U.S. Department of Labor Wage and Hour Division (WHD) and is based on the findings of a WHD investigation. This payment is required by the Act(s) indicated below in the marked box(es):

Fair Labor Standards Act (FLSA)

Gross Amount Back Wages \$1,434.42 Gross Amount Liquidated Damages \$0.00  
Legal Deductions from Back Wages #448.75 Other Amount Paid \_\_\_\_\_  
Net Amount Received #985.67 (please specify type)

NOTICE TO EMPLOYEE: Your acceptance of this payment of wages and/or other compensation due under the Fair Labor Standards Act (FLSA) or Family Medical Leave Act (FMLA), based on the findings of the WHD means that you have given up the right you have to bring suit on your own behalf for the payment of such unpaid minimum wages or unpaid overtime compensation for the period of time indicated above and an equal amount in liquidated damages, plus attorney's fees and court costs under Section 16(b) of the FLSA or Section 107 of the FMLA. Generally, a suit for unpaid wages or other compensation, including liquidated damages, must be filed within two years of a violation of the FLSA or FMLA. Do not sign this receipt unless you have actually received this payment in the amount indicated above.

RETALIATION AND KICKBACKS PROHIBITED: Your employer is prohibited from retaliating against you for accepting payment of wages you are owed or from requiring you to return or decline payment of the wages owed to you. Your employer is also prohibited from retaliating against any person who files a complaint with the Wage and Hour Division (WHD) or cooperates with a WHD investigation. Your employer is also prohibited from interfering with, restraining, or denying the exercise of Family Medical Leave Act (FMLA) rights. You should contact the WHD immediately if your employer takes any of these actions or fails to comply with the law in the future. Your identity will be kept confidential to the maximum extent possible under existing law. You may contact the WHD by calling 1-866-487-9243 or 515-284-4625.

Signature of employee [REDACTED] Date 10/1/15  
Address [REDACTED] Des Moines IA [REDACTED]

I understand that my signature on this receipt and waiver attests to the fact that I have actually received the payment in the amount indicated above of the wages, liquidated damages, or other compensation due to me, and that I waive my right to bring suit as described above, and covering the period set forth above.

EMPLOYER'S CERTIFICATION TO WAGE AND HOUR DIVISION OF THE DEPARTMENT OF LABOR:

I hereby certify that I have on this (Date) October 1, 2015 paid the above-named employee in full covering lost or denied wages, liquidated damages, or other compensation as stated above. I further certify that I have not and will not retaliate against the above-named employee for accepting this payment and I have not and will not ask the employee to return all or part of this payment to me.

Signature Jill General-Welch Title Attorney for [REDACTED]  
(employer or authorized representative)

PENALTIES INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT OR MISREPRESENTATION UNDER U.S. CODE, TITLE 18, SEC. 1001