

CLEAR

PRINT

**Initial Report or Claim**

FOR OFFICE USE ONLY

Taken by:	Office:	Case #:
Date filed:	SIC #:	
RCI Complaint: <input type="checkbox"/> YES <input type="checkbox"/> NO	Action:	

**PLEASE PRINT OR TYPE ALL INFORMATION**

Refer to the accompanying Guide to assist you in filling out this form.

**PRELIMINARY QUESTIONS**

1. Is your claim about a public works project? [If your answer is "YES," STOP here, DO NOT FILL OUT THIS FORM, and fill out the "PW-1" claim form instead. If your answer is "NO," proceed with this form.]
2. Have you filed a retaliation complaint against your employer with the Labor Commissioner? <input type="checkbox"/> YES, on: ____/____/____ <input checked="" type="checkbox"/> NO [If you have been retaliated against, you may file a retaliation complaint by filling out another form, "DLSE FORM 205."]
3. Is there a union contract covering your employment? <input type="checkbox"/> YES [If "YES," attach a copy of the Collective Bargaining Agreement.] <input checked="" type="checkbox"/> NO
4. Are other employees also filing wage claims against your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> I DON'T KNOW

**Part 1: LANGUAGE ASSISTANCE & REPRESENTATION**

5a. Do you need an interpreter? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5b. If you checked "YES" to Box 5a, enter the language needed English		
6a. If you are being assisted with your claim by a lawyer or other advocate, enter your ADVOCATE'S NAME and ORGANIZATION LAW OFFICE OF EUGENE LEE		6b. ADVOCATE'S PHONE ( 213 ) 992-329	
6c. Your ADVOCATE'S MAILING ADDRESS (Number, Street, Floor, Suite) PO Box 1212	CITY Venice	STATE CA	ZIP CODE 90294

**Part 2: YOUR INFORMATION**

7. Your FIRST NAME red	8. Your LAST NAME red	9. HOME PHONE ( )	10. OTHER PHONE ( )	11. BIRTH DATE redacted
12. Your MAILING ADDRESS (Street Number, Street Name, Apartment Number) c/o EUGENE LEE, PO Box 1212		CITY VENICE	STATE CA	ZIP CODE 90294

**Part 3: CLAIM FILED AGAINST (EMPLOYER INFORMATION)**

13. EMPLOYER / BUSINESS NAME(S) redacted LLC		14. EMPLOYER'S VEHICLE LICENSE PLATE #		15. EMPLOYER PHONE ( ) redacted	
16. ADDRESS of EMPLOYER / BUSINESS (Street Number, Street Name, Floor, Suite): redacted		CITY Big Bear Lake		STATE CA	ZIP CODE 92315
17. ADDRESS where you worked, if different from Box 16 (Number, Street, Floor, Suite):		CITY Big Bear Lake		STATE CA	ZIP CODE
18. NAME of PERSON IN CHARGE (First Name, Last Name) redacted		19. JOB TITLE / POSITION of PERSON IN CHARGE Owner			
20. TYPE OF BUSINESS Motel	21. TYPE OF WORK PERFORMED Front Desk Receptionist	22. TOTAL NUMBER OF EMPLOYEES 6	23. EMPLOYER STILL IN BUSINESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW		
24. Check which box describes your employer, if you know: <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LLP					

PRINT YOUR NAME: redacted

**Part 4: FINAL WAGES / BOUNCED CHECKS**

25. DATE OF HIRE <u>3</u> / <u>12</u> / <u>2017</u> <small>Month Day Year</small>	26. Check which box applies to you: <input type="checkbox"/> Still working for employer <input type="checkbox"/> QUIT on ___ / ___ / ___ <small>Month Day Year</small> <input checked="" type="checkbox"/> DISCHARGED on <u>3</u> / <u>12</u> / <u>2018</u> <small>Month Day Year</small> <input type="checkbox"/> Other (specify): _____
27a. If you <b>QUIT</b> , did you give <b>72 hours notice</b> before quitting? <input type="checkbox"/> YES <input type="checkbox"/> NO	27b. If you <b>QUIT</b> , have you received your final payment of wages including all wages owed? <input type="checkbox"/> YES, on: ___ / ___ / ___ <small>Month Day Year</small> <input type="checkbox"/> NO
28. If you were <b>DISCHARGED</b> , have you received your final payment of wages including all wages owed? <input type="checkbox"/> YES, on: ___ / ___ / ___ <small>Month Day Year</small> <input checked="" type="checkbox"/> NO	
29a. How were your wages paid? <input type="checkbox"/> BY CHECK <input type="checkbox"/> BY CASH <input type="checkbox"/> BY BOTH CASH & CHECK <input checked="" type="checkbox"/> OTHER: <u>Direct deposit</u>	29b. If paid by check, did any of your paychecks "bounce" (for example, paycheck could not be cashed because employer has insufficient funds)? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Part 5: HOURS YOU TYPICALLY WORKED**

30. Check which box applies:  My work hours and days of work were usually the same each week that I worked.

My work hours and/or days of work varied per week or were irregular. **If you checked this box and you are claiming unpaid wages or meal and rest period violations, you should also fill out and submit the DLSE FORM 55.**

31. If your work hours and days of work were usually the same each week, give your **BEST ESTIMATE** below of the hours you usually worked and any time you took for a duty-free meal period during your **TYPICAL workweek**. **DO NOT fill this out if your work hours were too irregular to estimate a typical or average workweek (instead fill out the DLSE Form 55).**

	TIME WORK STARTED	TIME WORK ENDED	1st MEAL START TIME (if applicable)	1st MEAL END TIME (if applicable)	2nd MEAL START TIME (if applicable)	2nd MEAL END TIME (if applicable)	ONLY IF YOU WORKED A SPLIT SHIFT:	
<b>DAY 1</b> of your workweek:	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am ____ <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 2</b> of your workweek:	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am ____ <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 3</b> of your workweek:	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am ____ <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 4</b> of your workweek:	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am ____ <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 5</b> of your workweek:	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am ____ <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 6</b> of your workweek:	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am ____ <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am ____ <input type="checkbox"/> pm
<b>DAY 7</b> of your workweek:	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	1st shift ended at <input type="checkbox"/> am ____ <input type="checkbox"/> pm	2nd shift started at <input type="checkbox"/> am ____ <input type="checkbox"/> pm

**Part 6: PAYMENT OF WAGES**

32. Were you paid or promised a **FIXED** amount of wages per pay period, no matter how many hours you worked (for example, \$400 per week, regardless of how many hours you worked)?

YES: I was paid \$ \_\_\_\_\_ per  day  week  every 2 weeks  month  semi-monthly  
 other (specify): \_\_\_\_\_

I was promised \$ \_\_\_\_\_ per  day  week  every 2 weeks  month  semi-monthly  
 other (specify): \_\_\_\_\_

NO

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33a. Were you an **HOURLY** employee?

YES: I was paid \$ \_\_\_\_\_ \$11.00 per hour.  
 I was promised \$ \_\_\_\_\_ \$11.00 per hour.

NO

33b. If you were an **HOURLY** employee, were you paid or promised **more than one hourly rate** (based on the hours you worked or different job tasks)?

YES (describe): \_\_\_\_\_

NO

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34. Were you paid by **PIECE RATE**?  YES  NO

35. Were you paid by **COMMISSION**?  YES  NO

**Part 7: WAGES, COMPENSATION & PENALTIES OWED**

36. CLAIMS (Check all boxes below that apply)	CLAIM PERIOD: START DATE (Month/ Day/ Year)	CLAIM PERIOD: END DATE (Month/ Day/ Year)	AMOUNT EARNED / CLAIMED
<input checked="" type="checkbox"/> REGULAR WAGES (for non-overtime hours)	3/12/2017	3/12/2018	\$ 1,903.00
<input checked="" type="checkbox"/> OVERTIME WAGES (including double time)	3/12/2017	3/12/2018	\$ 4,359.75
<input checked="" type="checkbox"/> MEAL PERIOD WAGES	3/12/2017	3/12/2018	\$ 3,016.00
<input checked="" type="checkbox"/> REST PERIOD WAGES	3/12/2017	3/12/2018	\$ 3,016.00
<input type="checkbox"/> SPLIT SHIFT PREMIUM			\$
<input type="checkbox"/> REPORTING TIME PAY			\$
<input type="checkbox"/> COMMISSIONS ***			\$
<input type="checkbox"/> VACATION WAGES ***			\$
<input type="checkbox"/> BUSINESS EXPENSES			\$
<input type="checkbox"/> UNLAWFUL DEDUCTIONS			\$
<input checked="" type="checkbox"/> OTHER (Specify): Liquidated damages Denied inspection of records LC 226 / 1198.5	3/12/2017	3/12/2018	\$ 3,163.00 1,500.00
<b>ENTER SUBTOTAL (add all Amounts Earned/Claimed):</b>			<b>\$ 16,957.75</b>
<b>ENTER TOTAL AMOUNT PAID:</b>			<b>\$</b>
<b>GRAND TOTAL OWED [Subtotal minus Total Amount Paid]:</b>			<b>\$ 16,957.75</b>

\*\*\* Additional DLSE form should be submitted if you are making this claim. See "Instructions for Filing a Wage Claim."

37. Check box(es) if you are claiming:  Waiting time penalties [Labor Code §203] 3,554.59  
 Penalties for "bounced" checks (checks issued with insufficient funds) [Labor Code §203.1]

I hereby certify that the information I have provided is true to the best of my knowledge and/or recollection. The amounts claimed are based on my best estimates at this time and may be adjusted based on further information, or based on assistance with my claim provided by DLSE.

Signed: redacted

Date: 5/2/2018

Print Name: \_\_\_\_\_

20,512.34

**DO NOT WRITE ON THIS SIDE – For Office Use Only**

Claimant:	Against:	Interpreter Needed:	Action Number:
Address of Claimant:	Address of Defendant:	Docket Date	Date Closed
Phone No. of Claimant:	Phone No. of Defendant:	DATE(S) CLAIM RECEIVED	
Name & Address of Advocate:			
Phone No. of Advocate:			
Address change of Claimant as of:	Address change of Defendant as of:		
		DATE BOFE COMPLAINT FILED (if applicable)	DATE RCI COMPLAINT FILED (if applicable)

RECORD OF RECEIPTS				RECORD OF PAYMENTS TO CLAIMANT			
Date Received	Check, Cash, etc.	Receipt Number	Amount	Division Check Number	Date Paid	Balance Due	Signature/Remarks

CONFERENCE DATES				PEND DATES			

NOTES:

OVERTIME, REST PERIOD, MEAL PERIOD COMPUTATION FORM / FORMULARIO PARA CALCULAR SOBRETIEMPLO, DESCANSOS Y COMIDAS

Case No.:

USE SEPARATE SHEET FOR EACH PAY RATE / UNA HOJA PARA CADA TASA DE PAFO

Case Name: redacted v redacted dba redacted

PAY PERIOD DATES		Hourly	Min	# of Reg	OT	# of OT	2xOT	# 2xOT	\$ REG WAGE	\$ OT WAGES	Liquidatd	Rest	Meal	Split Shift							
PERIODO DE PAGO		Rate (\$)	Wage (\$)	Hrs	Rate (\$)	Hrs	Rate (\$)	Hrs	\$ EARNED	\$ PAID	OWED	Damages (Hr)	Periods (Days)	Periods (Days)	(\$)						
3/12/17	3/19/17	\$12.00	\$10.00	40.0	\$18.00	9.5	\$24.00	1.5	\$687.00	\$582.00		\$96.00	\$25.00	5	5						
3/20/17	4/2/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
4/3/17	4/16/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
4/17/17	4/30/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
5/1/17	5/14/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
5/15/17	5/28/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
5/29/17	6/11/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
6/12/17	6/25/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
6/26/17	7/9/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
7/10/17	7/23/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
7/24/17	8/6/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
8/7/17	8/20/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
8/21/17	9/3/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
9/4/17	9/17/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
9/18/17	10/1/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
10/2/17	10/15/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
10/16/17	10/29/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
10/30/17	11/12/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
11/13/17	11/26/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
11/27/17	12/10/17	\$12.00	\$10.00	80.0	\$18.00	19.0	\$24.00	3.0	\$1,374.00	\$1,164.00		\$192.00	\$50.00	10	10						
12/11/17	12/24/17	\$12.00	\$10.00	40.0	\$18.00	9.5	\$24.00	1.5	\$687.00	\$582.00		\$96.00	\$25.00	5	5						
12/25/17	1/7/18	\$11.00	\$10.50	80.0	\$16.50	10.0	\$22.00		\$1,045.00	\$880.00		\$157.50	\$105.00	10	10						
1/8/18	1/21/18	\$11.00	\$10.50	80.0	\$16.50	5.0	\$22.00		\$962.50	\$715.00	\$165.00	\$78.75	\$210.00	10	10						
1/22/18	2/4/18	\$11.00	\$10.50	80.0	\$16.50	5.0	\$22.00		\$962.50	\$715.00	\$165.00	\$78.75	\$210.00	10	10						
2/5/18	2/18/18	\$11.00	\$10.50	80.0	\$16.50	5.0	\$22.00		\$962.50	\$715.00	\$165.00	\$78.75	\$210.00	10	10						
2/19/18	3/4/18	\$11.00	\$10.50	80.0	\$16.50	5.0	\$22.00		\$962.50		\$880.00	\$78.75	\$892.50	10	10						
3/5/18	3/12/18	\$11.00	\$10.50	48.0	\$16.50	3.0	\$22.00		\$577.50		\$528.00	\$47.25	\$535.50	6	6						
TOTAL EACH COLUMN / SUMA CADA COLUMNA			<u>Total</u>		<u>Total</u>		<u>Total</u>		<u>Total</u>		<u>Total</u>		<u>Total</u>		<u>Total</u>						
			2,048.0		413.0		60.0		\$32,952.50		\$26,305.00		\$1,903.00		\$4,359.75		\$3,163.00		256		256

Filter

redacted

v redacted

LLC dba redacted

### WAITING TIME PENALTY CALCULATION

Avg Hrs per Day Worked	9.8
Last Rate of Pay	\$11.00
Waiting Time Daily Rate	\$118.49
Days of Penalty	30
<b>PENALTY AMOUNT</b>	<b>\$3,554.59</b>

**OVERVIEW OF CLAIMS ( BY PAY RATE / MINIMUM WAGE )**

**Case No.:**

**Case Name:** redacted v redacted LLC dba redacted

PAY PERIOD DATES PERIODO DE PAGO		Min Wage (\$)	Paid Rate (\$)	OT Rate (\$)	2X OT Rate (\$)	Wrkd Reg (Hrs)	Wrkd OT (Hrs)	Wrkd 2x OT (Hrs)	Paid Reg (Hrs)	Paid OT (Hrs)	Paid 2x OT (Hrs)	Owed Reg (Hrs)	Owed OT (Hrs)	Owed 2x OT (Hrs)	Owed OT Premium (\$)	Owed 2x OT Premium (\$)	Liquidatd Damages (Hrs)	Rest Periods (Days)	Meal Periods (Days)	Split shift (\$)
3/12/17	12/24/17	\$10.00	\$12.00	\$18.00	\$24.00	1,600.0	380.0	60.0	1,600.0	340.0			40.0	60.0	\$2,040.00		100.0	200	200	
1/1/18	3/12/18	\$10.50	\$11.00	\$16.50	\$22.00	448.0	33.0		275.0			173.0	33.0				206.0	56	56	

TOTAL EACH COLUMN /  
SUMA CADA COLUMNA

Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
2,048.0	413.0	60.0	1,875.0	340.0			173.0	73.0	60.0	\$2,040.00							306.0	256	256	

Count 2

**DRAFT COMPLAINT LANGUAGE**

**ACCESS TO PAYROLL RECORDS:** Penalty - Failure by an employer to permit a current or former employee, or his or her representative, to inspect or copy payroll records as set forth in Labor Code Section 226(a) entitles the current or former employee to recover a penalty of \$750.00 penalty from the employer. (See Labor Code Section 226(f)). Defendant failed to permit inspection or copy of plaintiff's payroll records as required under Labor Code Section 226(a).

**ACCESS TO PERSONNEL RECORDS:** Penalty - Failure by employer to permit a current or former employee, or his or her representative, to inspect or receive a copy of personnel records as set forth in Labor Code Section 1198.5 entitles the current or former employee to recover a penalty of \$750.00 from the employer. (See Labor Code Section 1198.5(k)) Defendant failed to permit inspection or copying of plaintiff's personnel records as required under Labor Code Section 1198.5(k).

**REGULAR HOURS -** Wages for 448 hour(s) at \$11 per hour earned from 1/1/2018 through 3/12/2018; totaling \$4928; balance claimed due \$1903. **LIQUIDATED DAMAGES -** failure to pay at least minimum wage of \$10.5 for 173 hour(s).

**OVERTIME HOURS -** premium wages pursuant to Labor Code section 510 for hours worked in excess of 8 per day and/or 40 per week earned from 3/12/2017 through 12/24/2017 as follows: 380 hour(s) at \$18 per hour (time & one-half the regular rate of pay) = \$6840; balance claimed due \$720. **LIQUIDATED DAMAGES -** failure to pay at least minimum wage of \$10 for 40 hour(s).

**OVERTIME HOURS -** premium wages pursuant to Labor Code section 510 for hours worked in excess of 8 per day and/or 40 per week earned from 1/1/2018 through 3/12/2018 as follows: 33 hour(s) at \$16.5 per hour (time & one-half the regular rate of pay) = \$544.5; balance claimed due \$544.5. **LIQUIDATED DAMAGES -** failure to pay at least minimum wage of \$10.5 for 33 hour(s).

**DOUBLE TIME HOURS -** premium wages pursuant to Labor Code section 510 for hours worked in excess of 12 per day and/or 8 on the 7th consecutive workday, earned from 3/12/2017 through 12/24/2017 as follows: 60 hour(s) at \$24 per hour (double the regular rate of pay) = \$1440; balance claimed due \$1440. **LIQUIDATED DAMAGES -** failure to pay at least minimum wage of \$10 for 60 hour(s).

**OVERTIME PREMIUM -** premiums pursuant to Labor Code section 510 for hours worked in excess of 8 per day and/or 40 per week earned from 3/12/2017 through 12/24/2017 as follows: 340 hour(s) paid, but at less than one and one-half the regular rate of pay; balance claimed due \$2040.

**MEAL BREAK -** period premiums pursuant to Labor Code section 226.7 for 200 days at the rate of \$12 per day during the period from 3/12/2017 to 12/24/2017, claiming \$2400 as meal period premium wages. The required premium is one hour of pay at the Plaintiff's regular rate of pay for each day that a meal period was not provided in accordance with section 226.7.

**MEAL BREAK -** period premiums pursuant to Labor Code section 226.7 for 56 days at the rate of \$11 per day during the period from 1/1/2018 to 3/12/2018, claiming \$616 as meal period premium wages. The required premium is one hour of pay at the Plaintiff's regular rate of pay for each day that a meal period was not provided in accordance with section 226.7.

**REST BREAK -** Rest period premiums pursuant to Labor Code section 226.7 for 200 days at the rate of \$12 per day during the period from 3/12/2017 to 12/24/2017, claiming \$2400 as Rest period premium wages. The required premium is one hour of pay at the Plaintiff's regular rate of pay for each day that a Rest period was not provided in accordance with section 226.7.

**REST BREAK -** Rest period premiums pursuant to Labor Code section 226.7 for 56 days at the rate of \$11 per day during the period from 1/1/2018 to 3/12/2018, claiming \$616 as Rest period premium wages. The required premium is one hour of pay at the Plaintiff's regular rate of pay for each day that a Rest period was not provided in accordance with section 226.7.