

[Attorney Name]
[Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Employer Name]
[Human Resources Department / Registered Agent]
[Address]
[City, State, Zip Code]

RE: Notice of Representation and Request for Wage and Personnel Records

Employee: [Employee Full Name]
Last 4 Digits of SSN: [Optional - XXX-XX-6789]
Dates of Employment: [Start Date] to [End Date/Present]

To Whom It May Concern:

Please be advised that this office represents [Employee Full Name] regarding [his/her/their] employment with [Employer Name]. Kindly direct all future communications regarding this matter to my attention.

Pursuant to [State Statute/Labor Code, e.g., California Labor Code §§ 226, 1198.5], we hereby request a complete copy of [Employee Full Name]'s personnel records and payroll records. This request includes, but is not limited to:

- All personnel files, including performance evaluations, disciplinary actions, and employment agreements.
- Complete itemized wage statements (pay stubs) for the duration of employment.
- Records showing daily hours worked and meal/rest periods taken.
- Records relating to fringe benefits, commissions, or bonus structures.
- Any signed acknowledgments or handbooks.

Please provide these records within [Number of Days, e.g., 30] days of receipt of this letter. If there is a cost for duplication, please notify us immediately so that payment can be arranged.

Attached is a signed authorization from [Employee Full Name] permitting the release of these records to our office.

Sincerely,

[Attorney Signature]

[Attorney Printed Name]
[Law Firm Name]