

## **INSTRUCTIONS**

Fill in the highlighted areas with the relevant information. Send this letter to your former employer via certified mail, return receipt requested. If you do not receive any payment or response within 15 days from the date the letter is received by your former employer, then contact my office and we will decide at that point if I will be able to assist you any further.

Robert S. Norell, P.A.  
300 N.W. 70<sup>th</sup> Avenue  
Suite 305  
Plantation, FL 33317  
Tel.: (954) 617-6017  
Fax: (954) 617-6018  
E-Mail: [rob@FloridaWageLaw.com](mailto:rob@FloridaWageLaw.com)  
Website: [www.FloridaWageLaw.com](http://www.FloridaWageLaw.com)

INSERT your name and address

Date:

INSERT name and address of employer(s)

Re: *INSERT your name* – unpaid wages

Dear INSERT name of the company's owner or company's representative:

Please accept notice of my intent to file suit against you for unpaid minimum wages and or other unpaid wages pursuant to the Florida Statutes and/or Federal law. You have 15 days from the receipt of this notice to pay me the following wages that are owed:

**INSERT THE NUMBER OF HOURS AND THE SPECIFIC TIMES AND DATES WORKED, THE RATE(S) AND THE TOTAL AMOUNT OWED SHOWING CLEAR CALCULATIONS**

If I do not receive payment mailed to the above address within 15 days of receipt of this letter, I will be forced to file suit.

PLEASE GOVERN YOURSELF ACCORDINGLY

INSERT AND SIGN Your name