## Overtime Pay Dispute Case Intake Form

Full Name
Phone Number
Email Address
Date
Employer Name
Job Title/Position
Length of Employment
Pay Structure
<b>Y</b>
Normal Weekly Working Hours
Approximate Overtime Hours
How was your overtime pay calculated?
Describe your dispute / issue regarding overtime pay
Have you taken any actions to resolve this issue? If yes, describe
Relevant documents available (paystubs, schedules, etc.)