

**NOTICE OF DISPUTE TO RIGHTS COMMISSIONER**

**NATIONAL MINIMUM WAGE ACT, 2000**

Please refer to “Notes For Completion of Forms” before filling out this form.

**PLEASE USE BLOCK CAPITALS**

**IMPORTANT NOTE:** Section 23 of the National Minimum Wage Act, 2000 requires you to request, in writing, a written statement of your average hourly rate of pay for any “pay reference period”

Please note that if your employer is being prosecuted by the Labour Inspectorate the Rights Commissioner Service **cannot** deal with your claim.

**EMPLOYEE’S DETAILS**

**Name:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Job Title:**  
\_\_\_\_\_

**PPS No:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Date of birth**

**(if under 18):**   
(dd/mm/yy)

**COMPANY/EMPLOYER’S DETAILS**  
(please see Notes For Completion of Forms)

**Name:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Nearest Town to Place of Employment:**  
\_\_\_\_\_

**Employer’s Registered (PAYE) No:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**ON WHAT DATE DID YOU REQUEST IN WRITING, THE WRITTEN STATEMENT OF YOUR AVERAGE HOURLY RATE OF PAY FOR ANY “PAY REFERENCE PERIOD” ?**

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Name and Address of your Representative (if any):**

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**EMPLOYMENT DETAILS**

**Hourly rate of pay: GROSS: €** \_\_\_\_\_

**Hours worked per week** \_\_\_\_\_

**Date employment began:**            (dd/mm/yy)

**Date employment ended (if applicable):**            (dd/mm/yy)

**DETAILS OF DISPUTE**

**What is your pay reference period?** \_\_\_\_\_

**Please give details of your dispute. Use separate sheet if necessary:**

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**Claimant’s Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**YOUR EMPLOYER SHOULD, WHERE POSSIBLE, BE NOTIFIED IN ADVANCE OF SUBMITTING THIS NOTICE.**

**PLEASE NOTE THAT A COPY OF THIS FORM WILL BE FORWARDED TO YOUR EMPLOYER BY THE RIGHTS COMMISSIONER SERVICE.**