STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF LABOR AND TRAINING
LABOR STANDARDS UNIT
1511 Pontiac Avenue – Building 70-2
P.O. Box 20390
Cranston, RI 02920-0942
(401) 462-8550

BI-WEEKLY PAY APPLICATION CHECKLIST

BEFORE YOU SUBMIT YOUR APPLICATION PLEASE REVIEW THIS CHECKLIST TO ENSURE THAT YOU HAVE PROVIDED ALL OF THE NECESSARY INFORMATION

APPLICATIONS MUST BE SUBMITTED IN FULL, AND MAILED TO THE ADDRESS BELOW, INCOMPLETE APPLICATIONS WILL BE RETURNED

1. ____Submit application for Bi-weekly Pay with original signature(s). **No facsimile copies will be accepted**.

2. ____Copy of surety bond or letter of credit in the amount of the highest bi-weekly exposure in the preceding year must be submitted with the application.

3. ____Copy of payroll records indicating highest bi-weekly exposure in the preceding year must be submitted with application, and a brief explanation the figures reported in the payroll records.

4. ____When employees are subject to a collective bargaining agreement written consent of the appropriate collective bargaining representative must be submitted with the application.

5. ____Copy of payroll records must be submitted with the application indicating that average payroll exceeds 200% of the State minimum wage, which is $9.60 per hour effective January 1, 2016 (Section C on application):

6. For companies where their average payroll **does not** exceed 200% of the State minimum wage ($9.60/hour) those companies need to provide the following information on the application (Section C on application):
   A. Specify or explanation of method wages will be paid;
   B. Identification of employees' designated payday;
   C. Identification of the classification of employees involved; and
   D. Identification of the salary ranges of employees.

7. ____Certification that company has no wage and hour violations (#2 on application).

8. ____Please make sure you sign and date your application, that all required documents are included with the application, and **mail to**:

   DEPARTMENT OF LABOR AND TRAINING
   LABOR STANDARDS UNIT – (Bi-weekly pay)
   P.O. Box 20390
   Cranston, RI 02920-0942

If you have any question about the application, please contact:

Labor Standards; telephone: (401) 462-8550 email: DLT.laborstandards@dlt.ri.gov.

The application for bi-weekly pay is pursuant to RIGL § 28-14-2.2, and Department of Labor and Training Rules and Regulations Relating to Employer Exemptions from Weekly Pay Requirements.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF LABOR AND TRAINING
LABOR STANDARDS UNIT
1511 Pontiac Avenue – Building 70-2
P.O. Box 20390
Cranston, RI 02920-0942
(401) 462-8550

APPLICATION REQUEST FOR EMPLOYEE BI-WEEKLY PAY

This application MUST be submitted with original signatures. NO facsimile copies will be accepted.

A. INFORMATION FOR COMPANY MAKING REQUEST FOR BI-WEEKLY PAY		
Company Name:		Date Application Completed:
Address of Company: Number, street, suite no.:		Federal Employer Identification Number (FEIN):
City or Town, State and Zip Code:		Email Address:
Name of Company Contact Person:	Title:	Telephone No. of Contact Person: ( )

B. CORPORATE OFFICE INFORMATION *(If applicable)*		
Corporate Office Name:		Federal Employer Identification Number (FEIN):
Address of Corporate Office: Number, street, suite no.:		
City or Town, State and Zip Code:		
Name of Contact Person with Corporate Office:	Title:	Telephone No. of Corporate Office Contact Person: ( )

C. CERTIFICATION OF COMPANY/EMPLOYER

1. Please determine and select which category your company is eligible for *(Only check ONE category)*:

☐ a. **Category 1** – said company, as stated above, certifies its average payroll exceeds 200% of the State minimum wage* and will pay its employee wages on a designated date on a bi- weekly basis:

(1) Company MUST submit payroll records with this application that demonstrates ability to meet and satisfy this requirement, and a brief explanation as to how the figures in the payroll records reflect the company's compliance with this requirement.

Note:.As of January 1, 2016, the State minimum wage is $9.60 per hour.

☐ b. **Category 2** - said company, as stated above, certifies its average payroll **DOES NOT** exceed 200% of the State minimum wage*. The company MUST provide the following information:

(1.) Specify method wages shall be paid:*

☐ Check ☐ Other:

(2.) Employer's designated pay day: *(Check only one box)*

☐ Monday ☐ Tuesday ☐ Wednesday
☐ Thursday ☐ Friday ☐ Other:

(3.) Classification of employees involved:

(4.) Specify the salary ranges of employees involved:

*Note: Direct Deposit and/or Pay Cards allowed with employee's written consent.

DLT is an equal opportunity employer/program - auxiliary aids and services available upon request. TTY via RI Relay 711

2. Has said company ever had a wage and hour violation? Yes ☐ No ☐

3. By submitting this signed application, said company certifies it will maintain a surety bond or letter of credit in the amount of the highest bi- weekly payroll exposure in the preceding year; and
(a) Must attach a copy of the surety bond with this application; and
(b) Must also submit a summary of the payroll record demonstrating the highest bi-weekly payroll exposure in the preceding year, and a brief statement explaining the figures reported in the payroll records and how those figures show the company's compliance with this requirement.

4. Are the involved employees subject to collective bargaining? Yes ☐ No ☐
(a) If Yes, said company certifies the involved employees are subject to collective bargaining, and the employer must provide the written consent of the collective bargaining representative for all involved employees.
(1) Company must submit a copy of any written collective bargaining consents with this application.

C. (*CONTINUED FROM PAGE 1)* - CERTIFICATION OF COMPANY/EMPLOYER

I, as a duly authorized representative of said company, certify that all of the provided information is true and correct; and that said company will continue to satisfy the requirements set forth in this document and pursuant to the Rules and Regulations Relating to Employer Exemptions From weekly Pay Requirements and pursuant to RIGL § 28-14-2.

I understand that the certifications made by said company, in its foregoing application, is subject to periodic audits by the Department of Labor and Training (DLT) for compliance.

I understand that said company's authorization to pay employees bi-weekly is contingent upon the company's continued satisfaction of the requirements in this application.

I understand that when approval is granted that it is valid for an indefinite period of time.

I understand that four years from the original date of approval, each employer must submit an Affidavit of Continued Compliance. This Affidavit will be available on the Department of Labor and Training website and must be notarized.

I understand that if it is determined by DLT, that said company has not satisfied the requirements set forth in this application, or pursuant to RIGL § 28-14-2, then said company's authorization to pay employees bi-weekly will be revoked, effective by written notice from DLT to said company. The company may reapply to pay employees bi-weekly one (1) year after receiving written notification that their authorization has been revoked.

SIGNATURES: (This application MUST be submitted with original signatures. NO facsimile copies will be accepted)

Signature of authorized representative:	Date:
Print Name of authorized representative:	Title:

D. NOTARY (Note: required by DLT Regulation – section #3)

Signature of Notary Public:	Print Name of Notary and Notary ID Number:

Subscribed and sworn before me

This _____ day of _____, _____

E. OFFICAL USE ONLY: (Do not write in this area)

Date Application was Received:	Requested Additional Information: Yes ☐ No ☐ Date Requested:
Date Approved:	All Supportive Documents Received: Yes ☐ No ☐

This application is pursuant to RIGL § 28-14-2.2, and Department of Labor and Training Rules and Regulations Relating to Employer Exemptions from Weekly Pay Requirements.

If you have any question about how to complete this form please contact the Labor Standards Unit, email: DLT.LaborStandards@dlt.ri.gov, or telephone: (401) 462-8545

Standby Letter of Credit Department
2 USA Boulevard
Mail Code: 000-000-00-00
Providence, RI 12345
SWIFT: SVRNUS00

D R A F T

Date: January XX, 2014

IRREVOCABLE STANDBY LETTER OF CREDIT
NUMBER: ____

BENEFICIARY
State of Rhode Island
Director or Director's Designee
Department of Labor and Training
Division of Workforce Regulation and Safety
Labor Standards Unit
1511 Pontiac Avenue, Bldg. 70/2
Cranston, Rhode Island 02920

APPLICANT/EMPLOYER
ABC Inc.
1234 Pontiac Way
Providence, RI 12345

EXPIRATION: At our counters on:

We hereby establish in your favor our Irrevocable Standby Letter of Credit No. _____ for the account of ABC Inc. up to the aggregate amount of USD225,000.00 (Two Hundred Twenty Five Thousand and 00/100 U.S. DOLLARS) available by your draft(s) at sight drawn on USA Bank, N.A., 2 United States Boulevard, Mail Code: 000-000-00-00, Providence, RI 12345, accompanied by the following:

1. A statement purportedly signed by an authorized representative/official of the Beneficiary reading as follows:

   "We hereby certify that the draft amount represents funds due because ABC Inc. has failed to pay its hourly employees their bi-weekly earned hourly wages."

2. The original of this Letter of Credit, and any amendments

Each draft must be marked "Drawn under USA Bank, N.A. Letter of Credit No. _____ dated January XX, 2014."

It is a condition of this Irrevocable Standby Letter of Credit that it shall be deemed automatically extended without amendment for additional periods of one (1) year from its current expiration date, or any future expiration date, unless at least sixty (60) days prior to any such expiration date we shall notify you by overnight courier, that we elect not to consider this Irrevocable Standby Letter of Credit renewed for any such additional period.

We hereby agree that drafts drawn under and in compliance with the terms of this Letter of Credit will be duly honored upon delivery of documents, at our address stated herein, if presented to us on or before the close of business on the expiration date noted herein.

Please address all correspondence regarding this Irrevocable Standby Letter of Credit to the attention of our Standby Letter of Credit Department, located at 2 United States Boulevard, Mail Code: 000-000-00-00, Providence, RI 12345, mentioning our reference number as it appears above.

Except so far as otherwise stated herein, this Letter of Credit is subject to the International Standby Practices (ISP), International Chamber of Commerce Publication No. 590 (1998 Revision).

USA Bank, N.A.

John Doe
Banking Officer
(000) 123-4567

DRAFT

Information Needed for Bi- Weekly Pay Application Letter of Credit or Surety Bond

1.) Identify Surety Company (name, address, contact person)

2.) Provide instrument identification/account number

3.) Identify name of applicant/employer

4.) Identify dates covered and/or expiration date

5.) Identify amount of surety (highest biweekly exposure for previous year)

6.) Identify terms that identify the department is beneficiary on behalf of the employees of the applicant/company

7.) Identify the term “irrevocable”

8.) Identify terms that state that the department can “call upon the funds” once a triggering event occurs and that the drafts used by the department to call upon the funds will be honored

9.) Identify terms that state that drafts must be used by the department to call upon funds and that the drafts may be accompanied by original letter of credit or certified letter from the department

10.) Identify terms that state that surety company is liable until all benefits are paid

11.) Identify the terms for renewing the instrument