U.S. Department of Labor

Wage and Hour Division

INSTRUCTIONS FOR BACK WAGE PAYMENT AND THE USE OF OFFICIAL RECEIPTS

You have agreed to pay back wages to employees, and have signed a Summary of Unpaid Wages (Form WH-56). This document contains specific instructions on making such payment and providing required proof of such payment to the Wage and Hour Division (WHD).

•	You have agreed to make back wage payments on or before	re 08/14/2015	
0	Preliminary proof of payment is due on or before 08	8/21/2015 . This must inclu	de

- 1) Employee's name
- 2) Check number or unique identifier documenting electronic payment
- 3) Gross amount of back wages paid

Final proof of payment is due on or before

4) Net amount of back wages paid after legal deductions.

as final proof of payment:	
1) Fully completed Form WH-58 (see instructions below); or	

- Copy of front and back of canceled check;
- 3) Bank statement or other electronic bank record; or
- 4) Other evidence as approved by the Wage and Hour Division.

The following are acceptable

Form WH-58

Form WH-58 accompanies the Summary of Unpaid Wages (Form WH-56) and provides official evidence to the WHD that back wage, liquidated damages, employment benefits, or other compensation have been paid. An employee paid in full under the Department of Labor's supervision waives any further right to pursue private litigation to recover such unpaid wages and liquidated damages for the time period indicated on the Form WH-58.

09/13/2015

WH-58 INSTRUCTIONS:

- 1) If not already completed, enter the employee's name, the name and address of the employer, and the time period covered (as shown on the WH-56).
- Enter the gross amount of back wages due.
- 3) Enter the sum of all legal deductions from wages (such as Social Security, state and federal
- 4) Enter the gross amount of liquidated damages due.
- 5) Enter any other amounts being paid.
- Enter net amount received.
- Request the employee to sign, date, and enter their current address on the form.

The employee should be asked to sign the original form and one copy at the time payment is made, whether in person or by mail.

- 8) Keep the signed copy for your files. Send the signed original form to the WHD address indicated below.
- Enter the date the employee was paid.
- Sign the form certifying that payment has been made.

Form WH-58 (Rev. May 2013)

Former employees:

- 1) Mail a check and Form WH-58 to the last-known address of each former employee listed.
- It is suggested that a self-addressed envelope be enclosed, together with the request that the original and one copy be signed, dated and returned to you immediately.
- 3) If the form is mailed and the employee fails to return it, the canceled check may be presented as proof of payment for that employee.

Unlocated employees:

You remain responsible for the payment of back wages found due to all employees listed on the Form WH-56, even if you are unable to locate some of those employees.

A list of unpaid or unlocated employees is due on or before 08/28/2015 . Include:

- 1) Employee's full name
- 2) Social Security number
- 3) Last known address
- 4) Last known telephone number
- 5) Last known e-mail address
- 6) Gross amount due
- 7) Net amount due
- 8) Attach any envelopes (contents removed) returned to you undelivered by the Post Office.

No further action should be taken until you receive written instructions regarding payments to unlocated or unpaid employees. Payment to the WHD on behalf of these employees will be required within ten days of your receipt of written instructions.

Any back wages not paid to an employee because of an inability to locate the employee within three years will be delivered to the U.S. Treasury. It is the policy of the WHD to collect such back wages from the employer and deposit them into the U.S. Treasury. If any employee is located within the statutory time period, the U.S. Department of Labor will process payment to such employee.

If you fail to make payment:

- Any defaulted balance shall be subject to the assessment of interest and penalty interest at rates determined by the U.S. Treasury as required by the Debt Collection Improvement Act of 1996 (Public Law 104-134) published by the Secretary of the Treasury in the Federal Register. Other delinquent charges and administrative costs shall also be assessed.
- In the event of default, the Department intends to pursue additional collection action that may include, but is not limited to, administrative offset, referral of the account to credit reporting agencies, private collection agencies, U.S. Treasury's Debt Management Service, and/or the Department of Justice.

Form WH-58 (Rev. May 2013)

Page 2

Case ID: 1759741

Retaliation and Kickbacks Prohibited:

You are prohibited from retaliating against any employee for accepting payment or wages they are owed or from requiring any employee to return or decline payment of wages owed to them. You are also prohibited from retaliating against any person who files a complaint with the WHD or cooperates with a Wage and Hour investigation. You are also prohibited from interfering with, restraining, or denying the exercise of Family and Medical Leave Act rights.

Send all proof of payment and related documentation to:

McAllen District Office 1101 E. Hackberry Avenue Suite 400 McAllen, TX 78501-6658 956-682-4631

Please dir	ect any questions regarding	back wage p	ayment or pr	oof of payment t	to:	The state of the s	ne vyteru o estalistis
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Phone:	361-885-3215	*		16			
Email:	lopez.irma@dol.gov					- 111	
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	(Name of Employer	or Employer	Representat	ive)	900		

Summary of Unpaid Wages

U.S. Department of Labor Wage and Hour Division



Office Address:

McAllen District Office 1101 E. Hackberry Avenue

Suite 400

McAllen, TX 78501-6658

956-682-4631

Investigator:

Ingrid Benavides

Date:

08/14/2015

Employer Fed Tax ID Number:

74-6001587

1. Name	2. Address	3. Period Covered by Work Week Ending Dates	4. Act(s)	5. BWs Due	Total
1. Briones, Jesus E	2923 Rasoul Dr Laredo, TX 78045	11/07/2013 to 12/25/2014	FLSA	\$501.08	\$501.08
2. Escobedo, Ana B	409 Lake Nakuru Laredo, TX 78041	11/07/2013 to 12/25/2014	FLSA	\$522.12	\$522.12
3. Garza, Alejandro	3511 S. Bartlett Avenue Laredo, TX 78046	11/07/2013 to 12/25/2014	FLSA \$548.92		\$548.92
4. Martinez, Roxanne M	414 Amador Salinas Dr Laredo, TX 78045	11/07/2013 to 04/23/2015	FLSA	\$4,284,36	\$4,284.36

I agree to pay the listed employe amount due shown above by rinted Name:

Date:

Employer Name and Address: Webb County Elections
Administration
Webb County
1100 Washington St, Ste 103
Laredo TX 78040

Subtotal: Total:

\$5,856.48

\$5,856.48

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Date: 08/14/2015 11:37:58 AM

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Form WH-56

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AUTHORIZED SIGNATURE Oscar Villarreal

Elections Administrator

PRINTED NAME

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AUTHORITED SIGNATURE
Oscar Villarreal

DATE **Elections Administrator**

NEW SENIORITY DATE

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	08/17/2015
Joan Villarea	0011115010

AUTHORIZED SIGNATURE
Oscar Villarreal PRINTED NAME

Elections Administrator

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