

DOCUMENTATION OF RESTITUTION
EMPLOYEE RELEASE FORM

DATE: _____

PROJECT NAME: _____

PROJECT NUMBER: _____

PROJECT LOCATION: _____

I, _____, certify that I have received restitution in the gross amount of \$_____ from _____, certified check #_____. This reimbursement is for all back wages that were due to me as a result of underpayment, and in accepting this money I relinquish all claims of underpayment.

Employee Signature

Last 4 Digits of Social Security #

Address

City, State and Zip

Telephone Number

COUNTY OF _____)
COMMONWEALTH OF KENTUCKY)

Subscribed and sworn to before me this _____ day of 20_____.

Notary Public
Kentucky State at Large

My commission expires:
