

---

(date)

---

(employer)

---

(address)

---

(address 2)

---

(city/state/zip)

Dear Sir or Madam:

Please provide me with the truthful reason for my termination as required by Minnesota Statute Section 181.933.

Please provide me with a complete copy of my personnel file as required by Minnesota Statute section 181.961.

I request that you pay me all unpaid wages and benefits that are owed to me within 24 hours as required by Minnesota Statute section 181.13.

Please send the requested information, documents and unpaid wages and benefits, to:

---

(your name)

---

(street address)

---

(city/state/zip)

Thank you.

---

(signature)

Send the original of this form to your former employer by certified mail, return receipt requested. Keep a copy of this form for your records.