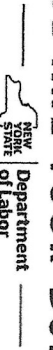


WE ARE YOUR DOL



**Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Hourly Rate Employees**

1. Employer Information

Name: _____

Doing Business As (DBA) Name(s): _____

FEIN (optional): _____

Physical Address: _____

Mailing Address: _____

Phone: _____

2. Notice given:

At hiring

☐ Before a change in pay rate(s),
allowances claimed or payday

3. Employee's rate of pay:
\$ _____ per hour

4. Allowances taken:

☐ None

☐ Tips _____ per hour

☐ Meals _____ per meal

☐ Lodging _____

☐ Other _____

5. Regular payday: _____

6. Pay is:

☐ Weekly

☐ Bi-weekly

☐ Other

7. Overtime Pay Rate:
\$ _____ per hour (This must be at least
1½ times the worker's regular rate with
few exceptions.)

8. Employee Acknowledgement:
On this day I have been notified of my pay
rate, overtime rate (if eligible), allowances,
and designated pay day on the date given
below. I told my employer what my primary
language is.

Check one:

☐ I have been given this pay notice in
English because it is my primary language.

☐ My primary language is _____. I
have been given this pay notice in English
only, because the Department of Labor
does not yet offer a pay notice form in my
primary language.

Print Employee Name

Employee Signature

Date

Preparer's Name and Title

**The employee must receive a signed
copy of this form. The employer must
keep the original for 6 years.**

Please note: It is unlawful for an
employee to be paid less than an employee
of the opposite sex for equal
work. Employers also may not prohibit
employees from discussing wages with their
co-workers.