



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

General Statement Regarding Overtime Pay in New York:

Most employees in New York must be paid overtime wages of 1½ times their regular rate of pay for all hours worked over 40 in a workweek. A very limited number of specific categories of employees must be paid overtime at a lower rate or not at all.

<u>EMPLOYER</u>	<u>EMPLOYEE</u>
Company Name: _____	Name: _____
FEIN: _____	Street Address: _____
Street Address: _____	_____
City: _____	Apt: _____ City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____
<i>To be completed by Human Resources or Financial Aid</i>	<i>This notice is available in English, Chinese, Korean, and Spanish.</i>
Notice Given: <input type="checkbox"/> At hiring <input type="checkbox"/> On or before February 1 <input type="checkbox"/> Before a change in pay rate(s), allowances claimed or payday	<input type="checkbox"/> I have been given this notice in English because it is my primary language.
Your rate of pay: _____ <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly	<input type="checkbox"/> 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 in my primary language.
<input type="checkbox"/> Your overtime rate of pay: _____	
<input type="checkbox"/> Exempt from overtime pay	
Designated pay day:	Employee Acknowledgement:
<input type="checkbox"/> Weekly on Fridays	On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday on the date given below. I informed my employer of my primary language.
<input type="checkbox"/> Biweekly on Fridays	_____
<input type="checkbox"/> Semi-Monthly on 15th and last business day of month	[Employee's Signature]
Preparer's Name: _____	Date: _____
Preparer's Title: _____	
Date: _____	
<input type="checkbox"/> In-person <input type="checkbox"/> E/mailed: _____	

The employee must receive a signed copy of this form. The employer must retain the original for six (6) years.