



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

Notice for Employees Paid a Weekly Rate or a Salary for a Fixed Number of Hours (40 or Fewer in a Week)

1. Employer Information

Name:

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address:

Mailing Address:

Phone:

2. Notice given:

- ☐ At hiring
☐ On or before February 1
☐ Before a change in pay rate(s),
allowances claimed or payday

3. Employee's Pay Rate:

\$ _____ per _____

Weekly hours _____ (Specify the number of hours
hours for which the weekly rate or salary will be
paid.)

Employers may not pay a non-hourly rate to a
non-exempt employee in the Hospitality
Industry, except for commissioned salespeople.

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 payday. 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 Name and Title

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