



New York State Department of Labor
Division of Labor Standards

Notice and Acknowledgement of Pay and Payday for Hourly Rate Employees

Employer Information

Name:

Doing Business As (DBA) name(s):

FEIN:

Physical Address:

Mailing Address:

Phone:

Employee's rate (s) of pay:

\$ _____ per _____

\$ _____ per _____

\$ _____ per _____

Allowances taken:

☐ None

☐ Tips _____ per hour

☐ Meals _____ per meal

☐ Lodging _____

☐ Other _____

Regular payday _____

Pay is:

☐ Weekly

☐ Bi-weekly

☐ Other

Overtime Pay Rate:

\$ _____ per hour (This must be at least 1
½ times the workers' regular rate with few
exceptions.)

Employee Acknowledgement:

On this day, I received notice of my pay
rate, overtime rate (if eligible), allowances
and designated payday. I told my employer
what my true primary language is.

Check one:

☐ I accepted this pay notice in English,
because it is my primary language.

☐ My primary language is _____. I
accepted this pay notice in English because
the Department of Labor does not yet offer
a pay notice form in this language on its
web site.

Print Employee Name

Employee Signature

Date

Preparer Name and Title

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

Notice given:

☐ At hiring

☐ On or before February 1

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