



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

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. Regular payday _____

LS 58 (03/11)

4. Prevailing Rate Jobs Pay Rate(s): Your rate of pay will be the posted rate for the occupation(s).

Occupation: _____

5. Prevailing Rate Jobs Overtime Pay Rate:
Your overtime rate(s) are payable after 8 hours in a day and after 5 days in a week, or as noted in the applicable prevailing wage schedule. Overtime rates will be those posted for the occupation.

6. Non-Prevailing Rate Jobs Pay Rate:
\$ _____ per hour

7. Non-Prevailing Rate Jobs Overtime Pay Rate: \$ _____ per hour

8. Overtime for Prevailing Rate and Non-Prevailing Rate Jobs in the Same Week: For most employees in NYS the overtime rate will be 1 ½ times the regular pay rate for the work you are performing for hours over 40 in a workweek. Any overtime premium earned on a prevailing rate job during the same week can be credited toward non-prevailing rate overtime pay.

9. Allowances taken:

- ☐ None
- ☐ Tips _____ per hour
- ☐ Meals _____ per meal
- ☐ Lodging _____
- ☐ Other _____

10. Pay is:

- ☐ Weekly
- ☐ Bi-weekly
- ☐ Other _____

11. Employee Acknowledgement:

On this date, 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 only, 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.