Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Multiple 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
☐ On or before February 1
☐ Before a change in pay rate(s), allowances claimed or payday

3. Employee’s rate(s) of pay for each type of work or shift:

$_______ per hour for ____________
$_______ per hour for ____________
$_______ per hour for ____________

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(s) for each type of work or shift:

This must be at least 1½ times the worker’s weighted average of the multiple rates of pay for the week, with few exceptions. The weighted average is the total regular pay divided by the total hours worked in the week. The overtime rate may vary from week to week depending on how many hours you worked at each rate of pay. The overtime rate may vary from week to week.

8. Employee Acknowledgement:

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 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.

Employee Signature

________________________
Date

Preparer Name and Title

________________________

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