

New York Labor Code Section 195(1)

Rev. 2/3/2015

Written Notice and Acknowledgement of Pay Rate and Designated Payday

New York State Wage Theft Prevention Act requires that ALL employees be given written notice of their regular rate of pay, wage status and payday at time of hire.

Production Co./Employer _____ FEIN (Optional) _____

Physical address _____ City _____ State _____ Zip _____ Phone (____) ____ - _____

Mailing address _____ City _____ State _____ Zip _____ Phone (____) ____ - _____

Payroll Company _____

Address 36 West 20th Street, 3rd Floor City New York State NY Zip 10011 Phone (212) 366 - 9390

Employee Name _____ E-mail Address _____

Address _____ City _____ State _____ Zip _____

Your Job/Occupation Category is _____ Hire Date _____

Project Name (Job) / Number _____

Non-Exempt Employees: Regular rate(s) of pay \$ _____ per hour.

Weekly Overtime: Rate of pay \$ _____ per hour, for all hours over 40.

Daily Overtime (if applicable): After _____ hours \$ _____ per hour, and after _____ hours \$ _____ per hour.

If working under a CBA: Other terms and conditions per CBA _____ Agmt/Local.

----- OR -----

Exempt Employees: Rate(s) of pay \$ _____ (State if pay is based on a weekly salary, day rate, piece rate, or other basis.)

If working under a CBA: Other terms and conditions per CBA _____ Agmt/Local.

Rate by: Hour Day Week Other (provide specifics): _____

Employment agreement is: Oral Written

Allowances Taken: None Meals _____ per meal Lodging _____ Other _____

Designated Payday _____ Weekly Bi- Weekly Other _____ if more frequent.

Notice Given: At Hiring Before a change in pay rate(s), allowances claimed, or payday Annual, prior to February 1st.

Employee Acknowledgement: On this date, I received written notice 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 notice in English because it is my primary language.
- My primary language is _____. I have been given this notice in English only, because the Department of Labor does not yet offer a notice form in my primary language.

Employee Signature _____ **Date:** _____

Preparer's Name and Title

This notice form is an adaptation of the template notice form issued by the NY DOL on April 9, 2011 which may be found at www.labor.ny.gov/formsdocs/wp/ellsformsandpublications.shtm#Claim_Forms. This notice form is made available as an aid to be in compliance with section 195(1) of the New York Labor Code. It is not intended as legal advice or as a substitute for review by legal counsel.

A signed copy to be provided to the employee and payroll company. Original should be retained by the production co./employer for at least 6 years.