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

1. Employer Information

Name: ____________________________

Doing Business As (DBA) Name(s): ____________________________

FEIN (optional): ____________________________

Physical Address: ____________________________

Mailing Address: ____________________________

Phone: ____________________________

2. Notice given:

☐ At hiring

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

3. Employee’s pay rate(s): State if pay is based on an hourly, salary, day rate, piece rate, or other basis.

________________________________________________________________________

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:

Most workers in NYS must receive at least 1½ times their regular rate of pay for all hours worked over 40 in a workweek, with few exceptions. A limited number of employees must only be paid overtime at 1½ times the minimum wage rate, or not at all.

This employee is exempt from overtime under the following exemption (optional):

________________________________________________________________________

8. 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 primary language is.

Check one:

☐ I have been given this pay notice in English because it is my primary language.

☐ My primary language is ____________. If 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.

Please note: It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers.