

**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.

<b>Production Co./Employer</b> _____ FEIN (Optional) _____	
Physical address _____	City _____ State _____ Zip _____ Phone (____) ____ - _____
Mailing address _____	City _____ State _____ Zip _____ Phone (____) ____ - _____
<b>Payroll Company</b> _____	
Address <u>30 West 22<sup>nd</sup> Street, 5<sup>th</sup> Floor</u> City <u>New York</u> State <u>NY</u> Zip <u>10010</u> Phone <u>(212) 366 - 9390</u>	
<b>Employee Name</b> _____ E-mail Address _____	
Address _____ City _____ State _____ Zip _____	
Your Job/Occupation Category is _____ Hire Date _____	
Project Name (Job) / Number _____	
<b>Non-Exempt Employees:</b> Regular rate(s) of pay \$ _____ per hour.	
<b>Weekly Overtime:</b> Rate of pay \$ _____ per hour, for all hours over 40.	
<b>Daily Overtime (if applicable):</b> After _____ hours \$ _____ per hour, and after _____ hours \$ _____ per hour.	
<b>If working under a CBA:</b> Other terms and conditions per CBA _____ Agmt/Local.	
----- OR -----	
<b>Exempt Employees:</b> Rate(s) of pay \$ _____ (State if pay is based on a weekly salary, day rate, piece rate, or other basis.)	
<b>If working under a CBA:</b> Other terms and conditions per CBA _____ Agmt/Local.	
Rate by: <input type="radio"/> Hour <input type="radio"/> Day <input type="radio"/> Week <input type="radio"/> Other (provide specifics): _____	
Employment agreement is: <input type="radio"/> Oral <input type="radio"/> Written	
<b>Allowances Taken:</b> <input type="radio"/> None <input type="radio"/> Meals _____ per meal <input type="radio"/> Lodging _____ <input type="radio"/> Other _____	
<b>Designated Payday</b> _____ <input type="radio"/> Weekly <input type="radio"/> Bi- Weekly <input type="radio"/> Other _____ if more frequent.	
<b>Notice Given:</b> <input type="radio"/> At Hiring <input type="radio"/> Before a change in pay rate(s), allowances claimed, or payday <input type="radio"/> Annual, prior to February 1 <sup>st</sup> .	

**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](http://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.