

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

**1. Employer Information**

Name: \_\_\_\_\_

Doing Business As (DBA) Name(s): \_\_\_\_\_

FEIN (optional): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_

**3. Employee's rate of pay:**

\$ \_\_\_\_\_ per hour

**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:**

\$ \_\_\_\_\_ per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

**8. Employee Acknowledgement:**

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day 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.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

\_\_\_\_\_  
Preparer's Name and Title

**2. Notice given:**

At hiring

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

**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.