



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

1. Temporary Help Firm 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 pay day

3. Payday (check one):

- Regular payday:
Unknown: The payday is based on the payday of the assigned organization.

4. Rate of Pay (check one):

- Average Wage Rate Range for Assignment(s):
Employee's rate (s) of pay:
\$ per
\$ per
\$ per

5. Allowances taken:

- None
Tips per hour
Meals per meal
Lodging
Other

6. Pay is:

- Weekly
Bi-weekly
Other:

7. Overtime Pay Rate: \$ per hour

For most workers in NYS this rate must be at least 1 1/2 times the regular rate of pay, for all hours worked over 40 per workweek (44 hours for certain residential employees). The Temporary Help Firm should count all hours worked in all assignments during a workweek. Some assignments are only required to receive overtime pay at 1 1/2 times the minimum wage. When you receive your assignment, your employer will tell you the overtime rate and the reason why if you are not eligible for overtime for that assignment.

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 only, because my primary language is English.
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

Applicant/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.



**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:

**2. Notice given:**

At hiring

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

**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

**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.

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
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 1 1/2 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.

Print Employee's Name

Employee's Signature

Date

Preparer's 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.



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

**Notice for Employees Paid a Weekly Rate or a Salary for a Fixed Number of Hours (40 or Fewer in a Week)**

**1. Employer Information**

Name:

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address:

Mailing Address:

Phone:

**3. Employee's Pay Rate:**

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

Weekly hours \_\_\_\_\_ (Specify the number of hours for which the weekly rate or salary will be paid.)

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:**

\$ \_\_\_\_\_ 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 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 \_\_\_\_\_. 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.

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

Notice for Employees Paid Salary for Varying Hours, Day Rate, Piece Rate, Flat Rate or Other Non-Hourly Pay

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. Regular payday:

4. Employee's Pay Rate:

\$\_\_\_\_\_ per \_\_\_\_\_
Specify the basis for the rate paid, i.e. salary for varying hours, day rate, etc.

Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality Industry, except for commissioned salespeople.

5. Allowances taken:

- None
Tips \_\_\_\_\_ per hour
Meals \_\_\_\_\_ per meal
Lodging \_\_\_\_\_
Other \_\_\_\_\_

6. Pay is:

- Weekly
Bi-weekly
Other

7. Overtime Pay Rate:

In most cases the overtime rate will be 1 1/2 times the regular rate of pay for the week. The regular rate of pay is the total weekly pay divided by the hours worked in the week.

In most cases, it is illegal to pay a fixed weekly rate for varying hours worked over 40 per week. The Department of Labor strongly discourages weekly rates for non-exempt employees, since underpayments often result.

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 \_\_\_\_\_. 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's Name

Employee's Signature

Date

Preparer's 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.

Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law Notice for Prevailing Rate and Other Jobs

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. Regular payday:

4. Prevailing Rate Jobs Pay Rate(s): See next page

5. Occupation:

6. Prevailing Rate Jobs Overtime Pay

Rate: Overtime payable after 8 hours in a day and after 5 days in a week, or as noted in the applicable prevailing wage schedule. See next page for rate. Overtime rates will be those posted for the occupation.

7. Non-Prevailing Rate Jobs Pay Rate:

\$ per hour.

8. Non-Prevailing Rate Jobs Overtime

Pay Rate: \$ per hour.

9. Overtime for Prevailing Rate and Non-Prevailing Rate Jobs in the Same Week:

See next page

10. Allowances taken on non-prevailing rate jobs:

- None
Tips per hour
Meals per meal
Lodging
Other

11. Pay is:

- Weekly
Bi-weekly
Other:

12. Employee Acknowledgement:

On this date, I have been notified 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 only 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 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 with protected class status to be paid less than an employee without protected class status, if they are performing substantially equal work. Employers also may not prohibit employees from discussing wages with their co-workers.

## Employee Notice of Prevailing Wage Rate and Supplement Information

### Wage & supplement rates required by law to be provided and paid by employer

	Wage Rate Per Hour	Wage Supplement Rate Per Hour	Total Rate (Wage Plus Supplement) Per Hour
Regular Hours			
Overtime Hours			

### Breakdown of wage supplements paid\*

	Hourly Rate	Type of Supplement	Name & Address of Provider	Agreement/ Plan Information
Supplement No. 1	\$XXX	<i>(Pension, Welfare, or Other)</i>	<i>Insert Name and Address of Company or Organization Providing Benefit</i>	<i>Identify plan or agreement that creates the benefit, e.g., Union Local No. 1 Collective Bargaining Agreement or Insurance Company X Benefit Plan</i>
Supplement No. 2	\$XXX	<i>(Pension, Welfare, or Other)</i>		
Supplement No. 3	\$XXX			
Supplement No. 4	\$			

*\*If wage supplements are paid as a single payment owed to multiple Taft-Hartley multiemployer plans, list only the following: (1) the total paid for the supplement or benefit package; (2) the types of benefits included in the package, e.g., pension, health and welfare, or other; (3) the name and address of the entity to whom payment is sent; and (4) the relevant CBA or letter of assent as the agreement.*

**If you believe that you have not received proper wages or benefits, please call the New York State Department of Labor's nearest office.**

Albany (518) 457-2744	Garden City (516) 228-3915	Patchogue (631) 687-4882	Utica (315) 793-2314
Binghamton (607)721-8005	Newburgh (845) 586-5287	Rochester (585) 258-4505	White Plains (914) 997-9507
Buffalo (716) 847-7159	New York City (212) 932-2419	Syracuse (315) 428-4056	

For New York City government agency construction projects, please contact the Office of the NYC Comptroller at (212) 669-4443, or [www.comptroller.nyc.gov](http://www.comptroller.nyc.gov) – click on Bureau of Labor Law.

New York State Department of Labor, Bureau of Public Work  
Harriman State Office Campus Building 12, Room 130 Albany, New York 12240  
Phone: (518) 457-5589 Fax: (518) 485-1870



Pay Notice and Acknowledgement for Farm Workers

This notice, when properly completed, satisfies the:

- Pay notice provisions of Section 195 of the NYS Labor Law
Written work agreement provisions of Part 190, the Farm Minimum Wage Order

1. Employer Information

Name: Phone:

Doing Business As (DBA) Name(s):

Physical address:

Mailing address:

Federal Employer Identification Number (FEIN) (optional):

2. Notice given: At hiring Before a change in pay rates, allowances claimed, or payday

3. Specific location where worker will work:

4. Types of work to be performed:

Empty box for types of work to be performed

5. Hours:

6. Describe employer provided housing arrangements, if any, including number of rooms and cooking facilities:

Empty box for housing arrangements

7. Employee's regular hourly rate(s) of pay and overtime rate of pay:

Indicate basis; per hour, shift, day, week, salary, or per unit. (Give capacity of unit.)

Rate: per: Overtime rate:

Rate: per: Overtime rate:

The Overtime Rate must be at least time and one-half the regular pay rate. If the pay rate is not hourly based, the overtime rate must be at least 1 1/2 times the worker's weighted average of the multiple rates of pay for the week, with few exceptions.

8. Payday: For week ending:

9. Frequency of pay: Weekly: Other:

10. Allowances, if any, to be credited towards minimum wage:

Number of meals per day: Amount per meal: \$

\*No allowance for meals shall be considered as part of the minimum wage if a migrant seasonal employee earns less than \$254.00 in a two-week period.

Lodging and utilities: \$

The lodging and utilities allowance is for all employees except migrant seasonal. \*No allowance for lodging and utilities shall be considered as part of the minimum wage for a migrant seasonal employee.

Payments in kind \$ Specify:



11. All planned payroll deductions (e.g., health insurance, retirement contributions, other):

12. Employer provided Paid Sick Leave

13. Employer provided benefits (e.g. vacation, personal days, holidays, bereavement leave, other):

14. Approximate period of employment: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

15. Non-economic terms and conditions of employment (e.g., transportation availability, medical service, childcare, schooling, etc.):

16. Union affiliation and Representative contact information, if any: \_\_\_\_\_.

**In NYS, farm workers possess the right to organize, which includes forming, joining, or assisting labor organizations, and the right to bargain collectively through representatives of their own choosing. Farm workers are protected from retaliation, including termination, if they are speaking to each other about labor conditions and organizing. However, farm workers do not have the right to strike.**

17. Day-of-rest: \_\_\_\_\_

Employers may not compel farm laborers to work on their day-of-rest. Farm Laborers must be paid time and one-half their regular rate of pay for choosing to work on their day-of-rest.

Nothing in this provision prevents a farm laborer from working on the day-of-rest provided the employer compensates the employee at a rate of at least time and one-half of the employees' regular rate of pay for all hours worked on the day-of-rest (if total has not exceeded overtime threshold).

18. Employee Acknowledgment and Affirmation:

On this day, I have been notified of my pay rate, overtime rate, day-of-rest, allowances, and payday. I affirm that 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, or
- 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, which is: \_\_\_\_\_

Employee's name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

19. Preparer's name (print): \_\_\_\_\_ Title: \_\_\_\_\_

**The employee must receive a signed copy of this document. The employer must preserve a copy for 6 years.**

### **Additional Information:**

Section 195 NYS Labor Law: Employers must give the information on this notice in writing to all employees at the time of hiring.

Employers must notify employees in writing of any changes to the information in this notice at least seven calendar days prior to the time of such changes, unless such changes are reflected on the employee's wage statement. However, even if the change will be reflected on the employee's wage statement, employers may not lower an employee's rate(s) of pay without notifying the employee before the work is performed.

Employers must notify their employees in writing or by publicly posting their policy on sick leave, vacation, personal leave, holidays and hours.

Employers must preserve their payroll records for 6 years.

NYS Minimum Wage Order for Farm Workers: Employers must post, in a conspicuous place on the farm:

- a copy of any generally applicable work agreement **and**
- a posting issued by the NYS Department of Labor summarizing the Farm Minimum Wage provisions.

It is unlawful for an employee to be paid less than an employee of the opposite sex or because the employee is in a protected class.

Employers may not prohibit employees from discussing their wages with co-workers.

Employers may not enquire about an employee's salary history.