



New York State Department of Labor
Division of Labor Standards

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

Pay Notice for Prevailing Rate and Other Jobs

Employer	Employee
Company name: _____	Name: _____
FEIN (optional): _____	Street address (include apartment): _____
Street address: _____	_____
City and state: _____	_____
Zip code: _____	City: _____
Phone: (_____) _____ - _____	State and zip code: _____
Preparer's name: _____	Phone: (_____) _____ - _____
Preparer's title: _____	

Prevailing rate jobs: Your rate of pay will be the posted rate for the occupation.

Your overtime rate(s), payable after 8 hours in a day and after 5 days in a week, or as noted in the applicable prevailing wage schedule, will be the posted overtime rate(s) for the occupation.

Other Work: Your rate of pay: _____ per hour.

Your overtime rate after working 40 hours in a week: _____ per hour.

Mixed prevailing rate and other work in the same week: Your rate(s) of pay for each type of work will be as noted above.

Your overtime rate(s) payable on prevailing rate jobs after 8 hours in a day and after 5 days in a week, or as noted in the applicable prevailing wage schedule, will be the posted overtime rate(s) for the occupation.

Your overtime rate(s) payable after working 40 hours in a week will be 1½ times the straight time rate(s) of pay for the work you are doing after 40 hours in the week. Any overtime premium earned on the prevailing rate jobs during the week will be credited toward this overtime.

Designated pay day: _____

_____ Date Preparer's signature

General Statement Regarding Overtime Pay in New York State

Most employees in New York State must be paid overtime wages of 1½ times their regular rate of pay for all hours worked over 40 hours in a workweek. A very limited number of specific categories of employees must be paid overtime at a lower rate or not at all.

I have been notified of my pay rate, overtime rate, and designated pay day on the date given below.

_____ Date Employee's signature

The employee must receive a duplicate signed copy of this form. The original must be kept by the employer.