



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 Multiple Hourly Rates**

<b>Employer</b>	<b>Employee</b>
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: _____	
Your rate of pay: _____ per hour for _____ (type of work or shift)	
Your rate of pay: _____ per hour for _____ (type of work or shift)	
Your rate of pay: _____ per hour for _____ (type of work or shift)	
Your overtime rate of pay will be 1½ times the weighted average of your several rates of pay. The weighted average is the total regular pay for the week divided by the total hours worked in the week. Thus, your overtime rate may vary from week to week, depending on how many hours you worked at each rate of pay.	
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 per 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.**