



**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:

**4. Prevailing Rate Jobs Pay Rate(s):** Your rate of pay will be the posted rate for the occupation(s).

Occupation: \_\_\_\_\_

**5. Prevailing Rate Jobs Overtime Pay Rate:** Your overtime rate(s) are payable after 8 hours in a day and after 5 days in a week, or as noted in the applicable prevailing wage schedule. Overtime rates will be those posted for the occupation.

**6. Non-Prevailing Rate Jobs Pay Rate:**  
\$ \_\_\_\_\_ per hour.

**7. Non-Prevailing Rate Jobs Overtime Pay Rate:** \$ \_\_\_\_\_ per hour.

**8. Overtime for Prevailing Rate and Non-Prevailing Rate Jobs in the Same Week:** For most employees in NYS the overtime rate will be 1 ½ times the regular pay rate for the work you are performing for hours over 40 in a workweek. Any overtime premium earned on a prevailing rate job during the same week can be credited toward non-prevailing rate overtime pay.

**9. Allowances taken:**  
 None  
 Tips \_\_\_\_\_ per hour  
 Meals \_\_\_\_\_ per meal  
 Lodging \_\_\_\_\_  
 Other \_\_\_\_\_

**10. Pay is:**  
 Weekly  
 Bi-weekly  
 Other: \_\_\_\_\_

**11. 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.

**2. Notice given:**  
 At hiring  
  
 On or before February 1  
  
 Before a change in pay rate(s), allowances claimed or payday

**3. Regular payday:** \_\_\_\_\_

\_\_\_\_\_  
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.**