NEW YORK STATE | Department of Labor

WORKING FOR YOU

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:

Baruch Collge

Doing Business As (DBA) Name(s):

FEIN (optional):

__ __ - __ __ __ __ __ __ __

Physical Address:

One Bernard Baruch Way, Box H-880
New York, NY 10010

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.