



**Labor Law Section 195(1)**  
**Notice and Acknowledgement of Wage Rate and Designated Payday**  
**Hourly Rate Plus Overtime**

<u>Employer</u>	<u>Employee</u>
Company Name _____	Name _____
FEIN _____	Street address _____
Street address _____	Apt. _____ City _____
City _____ State _____	State _____ Zip: _____
Zip _____	Phone (_____) _____ - _____
Phone (_____) _____ - _____	
Preparer's Name _____	
Preparer's Title _____	

Your rate of pay: \_\_\_\_\_ per hour.

Your overtime rate of pay: \_\_\_\_\_ per hour.

Designated pay day: \_\_\_\_\_

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

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

\_\_\_\_\_ [Preparer's Signature]

**General Statement Regarding Overtime Pay in New York:**

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

I hereby acknowledge that I have been notified of my wage rate, overtime rate, and designated pay day on the date set forth below.

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

\_\_\_\_\_ [Employee's Signature]

*A duplicate signed copy of this form is to be provided to the employee. Original must be kept by the employer.*