



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

Employer	Employee
Company Name	Name
FEIN	Street address
Street address	Apt.                      City
City                      State                      Zip	State                      Zip
Phone (      )	Phone (      )
Preparer's Name	
Preparer's Title	
Your rate of pay: \$ <input type="checkbox"/> <i>hourly</i> <input type="checkbox"/> <i>weekly</i> <input type="checkbox"/> <i>bi-weekly</i> <input type="checkbox"/> <i>monthly</i> . <input type="checkbox"/> <i>You are a non-exempt employee entitled to overtime pay.</i> Your overtime rate of pay: \$                      per hour. <input type="checkbox"/> <i>You are a non-exempt employee not entitled to overtime pay.</i> 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.**  
*Note: Italicized language added by publisher.*