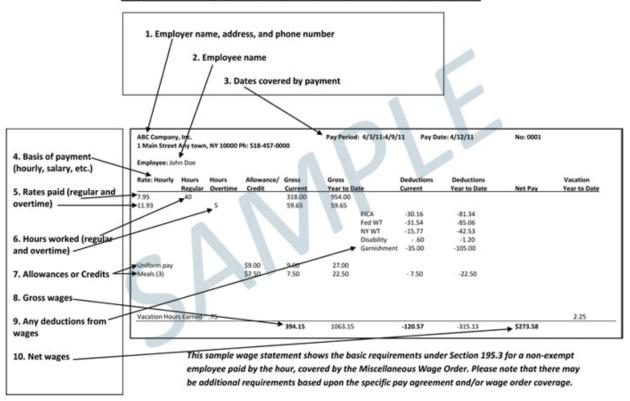**NEW YORK**
STATE OF OPPORTUNITY.

Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Exempt Employees

1. Employer Information

Name:

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address:

Mailing Address:

Phone:

2. Notice given:

☐ At hiring
☐ Before a change in pay rate(s),
   allowances claimed, or payday

LS 59 (01/17)

3. Employee's pay rate(s): State if pay is based on an hourly, salary, day rate, piece rate, or other basis.

_____

Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality Industry, except for commissioned salespeople.

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:

Most workers in NYS must receive at least 1½ times their regular rate of pay for all hours worked over 40 in a workweek, with few exceptions. A limited number of employees must only be paid overtime at 1½ times the minimum wage rate, or not at all.

This employee is exempt from overtime under the following exemption (optional):

_____

8. Employee Acknowledgement:

On this day, I received notice 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 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 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.

Sample Wage Notice

Wage Statement (pay stub): Required Information under Section 195.3

1. Employer name, address, and phone number

2. Employee name

3. Dates covered by payment

4. Basis of payment (hourly, salary, etc.)

5. Rates paid (regular and overtime)

6. Hours worked (regular and overtime)

7. Allowances or Credits

8. Gross wages

9. Any deductions from wages

10. Net wages

ABC Company, Inc.
1 Main Street Any town, NY 10000 Ph: 518-457-0000

Pay Period: 4/3/11-4/9/11   Pay Date: 4/12/11   No: 0001

Employee: John Doe

Rate: Hourly	Hours Regular	Hours Overtime	Allowance/ Credit	Gross Current	Gross Year to Date		Deductions Current	Deductions Year to Date	Net Pay	Vacation Year to Date
7.95	40			318.00	954.00					
11.93		5		59.65	59.65					
						FICA	-30.16	-81.34		
						Fed WT	-31.54	-85.06		
						NY WT	-15.77	-42.53		
						Disability	-.60	-1.20		
						Garnishment	-35.00	-105.00		
Uniform pay			$9.00	9.00	27.00					
Meals (3)			$7.50	7.50	22.50		-7.50	-22.50		
										2.25
Vacation Hours Earned .75				394.15	1063.15		-120.57	-315.13	$273.58	

This sample wage statement shows the basic requirements under Section 195.3 for a non-exempt employee paid by the hour, covered by the Miscellaneous Wage Order. Please note that there may be additional requirements based upon the specific pay agreement and/or wage order coverage.

Sample Wage Statement