

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

<u>Employer</u>	<b>Employee</b>
Company Name	Name
FEIN	Street address
Street address	AptCity
CityState	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 Almost all employees in New York must be paid overtine hours worked over 40 per workweek. A very limited nuby overtime at a lower overtime rate or not at all.	ne wages of 1½ times their regular rate of pay for all
I hereby acknowledge that I have been notified of my w date set forth below.	age rate, overtime rate, and designated pay day on the
Date:	
A duplicate signed copy of this form is to be provided to	[Employee's Signature]
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