



New York State Department of Labor
Division of Labor Standards

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

Pay Notice for Exempt Employees

| Employer | Employee |
|---|---|
| Company name: _____ | Name: _____ |
| FEIN (optional): _____ | Street address (include apartment): _____ |
| Street address: _____ | _____ |
| City and state: _____ | _____ |
| Zip code: _____ | City: _____ |
| Phone: (_____) _____ - _____ | State and zip code: _____ |
| Preparer's name: _____ | Phone: (_____) _____ - _____ |
| Preparer's title: _____ | |
| Your rate of pay: _____ | |
| Specify whether the rate of pay is on an hourly, salary, day rate, piece rate or other basis. If pay is for a specified number of hours, state the number of hours. | |
| You are exempt from a premium overtime pay rate under the _____ exemption. | |
| Designated pay day: _____ | |

_____ Date

_____ Preparer's signature

General Statement Regarding Overtime Pay in New York State

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

I have been notified of my wage rate, overtime rate, and designated pay day on the date given below.

_____ Date

_____ Employee's signature

The employee must receive a duplicate signed copy of this form. The original must be kept by the employer.