



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

V3-R5411

NY State requires that ALL employees be given notice of their rate of pay, wage status and payday at time of hire and prior to February 1 each year. For freelance employees this notice must be provided for each project for which they are hired. They must be paid the agreed rate for all work in the hired category for that project. If their job changes, the rate can change, but a new Notice must be issued.

**Employer/Production Co. Name/DBA** \_\_\_\_\_ **FEIN (Optional)** \_\_\_\_\_  
**Physical address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Mailing add.(If different)** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Employer of Record:** CAPS, LLC, 588 Broadway, Suite 608, New York, NY 10012, Ph. 212-925-1415

**Employee:** Name \_\_\_\_\_ **Your Job/Occupation Category is:** \_\_\_\_\_  
**Project Name/#** \_\_\_\_\_ **Work Start Date** \_\_\_\_\_

**Non-Exempt Employees :** Your rate of pay is: \$ \_\_\_\_\_ per hour.  
**Weekly Overtime :** Your overtime rate of pay is: \$ \_\_\_\_\_ per hour.  
(Overtime rate must be at least 1½ times the worker's regular rate, to be paid after 40 regular hours in work week.)  
----- **OR** -----  
**Daily Overtime:** Daily after \_\_\_\_\_ hours \$ \_\_\_\_\_ per hour, and after \_\_\_\_\_ hours \$ \_\_\_\_\_ per hour and \$ \_\_\_\_\_ per hour for all hours over 40 weekly.  
**IF working under union contract:**  Other terms and conditions per CBA \_\_\_\_\_ **Agmt/Local**

**Exempt Employees:** Employee's pay rate(s): State if pay is based on salary for a period, day rate, or other basis.  
\_\_\_\_\_  
**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(s) (optional): \_\_\_\_\_  
 Other terms and conditions as per CBA \_\_\_\_\_ **Agmt/Local**  
Information on designation of Exempt categories is available at: <http://www.dol.gov/whd/reg/compliance/fairpay/fs17a-overview.htm>

**Allowances:** There are no allowances taken by the Employer against the statutory minimum hourly rate of pay. If otherwise describe:  
\_\_\_\_\_

**Regular pay day:** \_\_\_\_\_  Weekly  Bi- Weekly  Other \_\_\_\_\_ **If more frequent.**

**Employee Acknowledgement:** On this date, 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.

**Employee Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ **The employee must receive a signed copy of this form. The employer must keep the original for 6 years.**

Preparer's Name and Title \_\_\_\_\_  
The above notice is solely for purposes of compliance with NY Labor Law Sec. 195.1 and does not alter the "at will" status of any "at will" employee recipient. This form is made available as a guide to assist AICP members in NY Labor Law Sec. 195.1 compliance. It is not intended as legal advice nor as a substitute for review by legal counsel.

Duplicate signed copies to be provided to the employee and payroll service. **Original to be retained by the Employer/Production Co.**