



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

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

3. Regular payday: _____

4. Prevailing Rate Jobs Pay Rate(s):

Your rate of pay and supplements rate are on the attached page(s)

Occupation: _____

5. Prevailing Rate Jobs Overtime Pay

Rate: Your overtime rate(s) are payable after 8 hours in a day and after 5 days in a week, or as noted in the applicable prevailing wage schedule. Overtime rates will be those posted for the occupation.

6. Non-Prevailing Rate Jobs Pay Rate:

\$ _____ per hour.

7. Non-Prevailing Rate Jobs Overtime

Pay Rate: \$ _____ per hour.

8. Overtime for Prevailing Rate and Non-Prevailing Rate Jobs in the Same Week:

For most employees in NYS the overtime rate will be 1 ½ times the regular pay rate for the work you are performing for hours over 40 in a workweek. Any overtime premium earned on a prevailing rate job during the same week can be credited toward non-prevailing rate overtime pay.

9. Allowances taken on non-prevailing rate jobs:

- ☐ None
- ☐ Tips _____ per hour
- ☐ Meals _____ per meal
- ☐ Lodging _____
- ☐ Other _____

10. Pay is:

- ☐ Weekly
- ☐ Bi-weekly
- ☐ Other: _____

11. Employee Acknowledgement:

On this date, I have been notified 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 with protected class status to be paid less than an employee without protected class status, if they are performing substantially equal work. Employers also may not prohibit employees from discussing wages with their co-workers.

Employee Notice of Prevailing Wage Rate and Supplement Information to be Provided

Wage & supplement rates required (by law) and paid or provided (by employer)

Rate Number	Description of rate (classification and scope: regular hours, overtime)	Wage rates per hour		Supplements per hour	
		Required	Paid	Required	Paid/provided*
1		\$	\$	\$	\$
2		\$	\$	\$	\$
3		\$	\$	\$	\$

* Enter hourly totals (above) and breakdowns (below) for supplements paid or provided by the employer

Breakdown of supplements paid or provided for one or more items listed above

Rate#	Type	Hourly rate	Name & address of provider	Agreement / plan summary information
1		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

If you believe that you have not received proper wages or benefits, please call the New York State Department of Labor's nearest office.

Albany	(518) 457-2744	Garden City	(516) 228-3915	Patchogue	(631) 687-4882	Utica	(315) 793-2314
Binghamton	(607) 721-8005	Newburgh	(845) 586-5287	Rochester	(585) 258-4505	White Plains	(914) 997-9507
Buffalo	(716) 847-7159	New York City	(212) 932-2419	Syracuse	(315) 428-4506		

For New York City government agency construction projects, please contact the Office of the NYC Comptroller at (212) 669-4443, or
www.comptroller.nyc.gov – click on Bureau of Labor Law.

New York State Department of Labor, Bureau of Public Work
Harriman State Office Campus Building 12, Room 130 Albany, New York 12240
Phone: (518) 457-5589 Fax: (518) 485-1870