



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

1. Employer Information

Name:

The College of Saint Rose

Doing Business As (DBA) Name(s):

The College of Saint Rose

FEIN (optional):

14-1338371

Physical Address:

432 Western Avenue
Albany, NY 12203

Mailing Address:

The College of Saint Rose
432 Western Avenue
Albany, NY 12203

Phone:

1-800-637-8556

2. Notice given:

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

3. Employee's rate of

pay:\$15.00 per hour

4. Allowances taken:

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

5. Regular payday: Wednesday

6. Pay is:

- ☐ Weekly
☒ Bi-weekly
☐ Other _____

7. Overtime Pay Rate:

\$ _____ per hour (This must be at least
1½ times the worker's regular rate with
few exceptions.)

8. Employee Acknowledgement:

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. 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

Name of Position Described on this Form

Employee Signature

Date

Preparer's 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.