



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): See next page

5. Occupation:

6. Prevailing Rate Jobs Overtime Pay Rate: Overtime payable after 8 hours in a day and after 5 days in a week...

7. Non-Prevailing Rate Jobs Pay Rate: \$ per hour.

8. Non-Prevailing Rate Jobs Overtime Pay Rate: \$ per hour.

9. Overtime for Prevailing Rate and Non-Prevailing Rate Jobs in the Same Week: See next page

- 10. Allowances taken on non-prevailing rate jobs: None, Tips per hour, Meals per meal, Lodging, Other

- 11. Pay is: Weekly, Bi-weekly, Other:

12. 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 only 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.

## Employee Notice of Prevailing Wage Rate and Supplement Information

### Wage & supplement rates required by law to be provided and paid by employer

	Wage Rate Per Hour	Wage Supplement Rate Per Hour	Total Rate (Wage Plus Supplement) Per Hour
Regular Hours			
Overtime Hours			

### Breakdown of wage supplements paid\*

Supplement No.	Hourly Rate	Type of Supplement	Name & Address of Provider	Agreement/ Plan Information
Supplement No. 1	\$XXX	<i>(Pension, Welfare, or Other)</i>	<i>Insert Name and Address of Company or Organization Providing Benefit</i>	<i>Identify plan or agreement that creates the benefit, e.g., Union Local No. 1 Collective Bargaining Agreement or Insurance Company X Benefit Plan</i>
Supplement No. 2	\$XXX	<i>(Pension, Welfare, or Other)</i>		
Supplement No. 3	\$XXX			
Supplement No. 4	\$			

*\*If wage supplements are paid as a single payment owed to multiple Taft-Hartley multiemployer plans, list only the following: (1) the total paid for the supplement or benefit package; (2) the types of benefits included in the package, e.g., pension, health and welfare, or other; (3) the name and address of the entity to whom payment is sent; and (4) the relevant CBA or letter of assent as the agreement.*

**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) 428-4056	

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](http://www.comptroller.nyc.gov) – click on Bureau of Labor Law.

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