

Employee Name _____

FT/PT Administrators semi-monthly
Faculty < 50
FT/PT Researchers > FLSA minimum



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

1. Employer Information

Name:
New York University

Doing Business As (DBA) Name(s):
New York University

FEIN (optional):
13-5562308

Physical Address:
70 Washington Square South
New York, NY 10012

Mailing Address:
70 Washington Square South
New York, NY 10012

Phone: 212-443-8463

2. Notice given:

- At hiring
- On or before February 1
- Before a change in pay rate(s), allowances claimed, or payday

3. Employee's pay rate(s): State if pay is based on an hourly, salary, day rate, piece rate, or other basis.

_____ salary semi-monthly

Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality Industry, except for commissioned salespeople.

4. Allowances taken:

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

5. Regular payday: 1st & 15th of each month

6. Pay is:

- Weekly
- Bi-weekly
- Other: Semi-monthly

7. 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 (optional):

8. Employee Acknowledgement:

On this day, 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 _____ Please reissue this pay notice in 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

Preparer Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years. Please return original signed document to Human Resources Records Office.