

Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
for Home Care Aides Wage Parity and Other Jobs

1.	Employer Information	3.	Employee's Rate(s) Type of Work Shift
	Name:		\$ per hou
	Doing Business As (DBA) Name(s):		\$ per hou \$ per hou
			3a. Wage Parity Ra
	FEIN (optional):		\$ per hou \$ per hou
	Physical Address:		\$ per hour
	Mailing Address	4.	Allowances:
	Mailing Address:		☐ Tips p ☐ Meals p
	Phone:		Lodging Other

2. Notice given:

At hiring

Before a change in pay rate(s), allowances claimed or payday

Note: Live-in employees must be paid at least 13 hours for each 24 hour period, provided they receive 8 hours of sleep, with five hours of uninterrupted sleep and 3 hours off for meals. If an employee does not receive 5 hours of uninterrupted sleep, the employee must be paid for all 8 hours. If the employee does not receive meal periods free from duty, the employee must be paid for all 3 hours designated for meals.

3.	Employee's Rate(s) of Pay for Each Type of Work Shift:			
	\$p	per hour for		m
		per hour for		a p
		per hour for		
	3a. Wage Parity Rates:			
	\$p	per hour for regular wage	Ch	ec
		per hour for additional wage		
	\$p	er hour for supplemental wages*		E
4.	Allowances:			N
		per hour		Ē
		per meal		L
	Lodging _ Other			ir
5.	Regular Payo	day:	Pri	nt
6.	Pay is:			
	Weekly		En	ıpl

| Weekly | Bi-weekly

Other:

## 7. Overtime Pay Rate(s) for each type of work or shift:

Single Pay Rate: \$\_\_\_\_\_ per hour This must be at least 1½ times the worker's regular rate with few exceptions.

Wage Parity Pay Rate: \$\_\_\_\_\_ per hour This must be at least 1½ times the worker's regular rate with few exceptions.

Multiple Pay Rates: \$\_\_\_\_\_ per hour This must be at least 1½ times the worker's Weighted average of the multiple rates of pay for the week, with few exceptions. 8. Employee Acknowledgement:

On this date, I have been notified of my pay rate, overtime rate (if eligible), allowances, supplements 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.

Print Employee Name

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 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.

\*Attach Wage Parity supplement notification page 2.