



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

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

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.

3. Employee's Rate(s) of Pay for Each Type of Work Shift:

\$ per hour for
\$ per hour for
\$ per hour for

3a. Wage Parity Rates:

\$ per hour for regular wage
\$ per hour for additional wage
\$ per hour for supplemental wages*

4. Allowances:

- None
Tips per hour
Meals per meal
Lodging
Other

5. Regular Payday:

6. Pay is:

- 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 1 1/2 times the worker's regular rate with few exceptions.

Wage Parity Pay Rate: \$ per hour
This must be at least 1 1/2 times the worker's regular rate with few exceptions.

Multiple Pay Rates: \$ per hour
This must be at least 1 1/2 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.
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'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.

LS 62 Notice to Wage Parity Home Care Aides - (cont'd)
Benefit Portion of Minimum Rate of Home Care Aide Total Compensation

	Hourly Rate	Type of Supplement	Name & Address of Provider	Agreement/ Plan Information
<i>Supplement Number</i>	<i>\$ XXX</i>	<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 Number 1				
Supplement Number 2				
Supplement Number 3				

**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.*

List any additional benefits and attach listing to this document.

Copies of the above listed agreements or summaries may be obtained by:

Employee Acknowledgement:

On this day I have been notified of my pay rate, overtime rate, allowances, supplements/benefits, and designated payday provided on this form (LS 62) attached and this addendum on the date given below.

My primary language is _____. I have been given this notice in my primary language Yes No.

Employee Name (Print): _____

Employee Signature: _____ Date Signed: _____

Preparer's Name and Title: _____