



Notice and Acknowledgement of Pay Rate and Payday/薪資及發薪日通知
Under Section 195.1 of the New York State Labor Law/紐約州勞工法第 195.1 條款

Student Name

Notice for Hourly Rate Employees/時薪員工的通知

URID

1. Employer Information/雇主資料

Name/名字:
 University of Rochester

“Doing Business As (DBA)” name(s)/
 招牌名:

FEIN (optional)/聯邦報稅號 (可選擇的):
 16-0743209

Physical Address/公司所在地址:
 910 Genesee Street Suite 100
 Rochester NY 14627

Mailing Address/郵政地址:
 PO Box 270261
 Rochester NY 14627-0261

Phone/電話:
 585-275-3226

3. Employee’s Pay Rate/員工的薪資標準

\$_____ per hour/每小時

4. Allowances taken/所取津貼:

- None/無
- Tips/小費 _____ per hour/每小時
- Meals/餐飲 _____ per meal/每餐
- Lodging/住宿 _____
- Other/其他 _____

5. Regular payday/正常發薪日:

Bi-weekly on alternating Fridays, starting:

6. Pay is/發薪頻率:

- Weekly/每週
- Bi-weekly/每二週
- Other/其他 _____

7. Overtime Pay Rate/加班費標準

\$_____ per hour/每小時 (This must be at least
 1½ times the worker’s regular rate with few
 exceptions.)/此加班費必須最少是員工正常時
 薪的 1.5 倍(極少例外).

8. Employee Acknowledgement/員工認知:

On this day, I received notice of my pay rate,
 overtime rate if eligible, allowances, and
 designated payday in English and my primary
 language. I told my employer that my primary
 language is **Chinese**. /此日我 收到薪資, 加班費,
 發薪日, 以及津貼的中英通知. 我已告訴雇主
 我的母語是中文.

 Print Employee Name/請正楷書寫員工姓名

 Employee Signature/員工簽名

 Date/日期

 Preparer Name and Title/填表人名字及頭銜

**The employee must receive a signed copy of
 this form. The employer must keep the
 original for 6 years. 員工必須收到此簽名表格
 的複印本. 雇主並須保存此表格正本6年.**