



**Notice and Acknowledgement of Pay Rate and Payday/Avi ak Rekonesans Jou Pèyman ak To Pèyman
Under Section 195.1 of the New York State Labor Law/Sou Seksyon 195.1 nan Lwa Travay Eta Nouyòk la
Notice for Hourly Rate Employees/Avi pou Anplwaye k ap Touche Chak Èdtan yo**

1. Employer Information / Enfòmasyon Sou Anplwayè

Name/Non:

Doing Business As (DBA) name(s)/ Non Komèsyal:

FEIN (optional)/Nimewo Idantifikasyon Federal (opsyonèl):

Physical Address/Adrès Fizik:

Mailing Address/Adrès Postal:

Phone/Telefòn:

2. Notice given/ Yo bay avi a:

- At hiring/Lè yo anplwaye a
 On or before February 1 / 1ye fevriye oswa avan sa
 Before a change in pay rate(s), allowances claimed or payday. / Avan gen yon chanjman nan to pèyman an (yo), alokasyon yo reklame oswa jou pèyman an.

3. Employee's Pay Rate/To Pèyman Anplwaye a

\$ _____ per hour/pa èdtan

4. Allowances taken /Alokasyon li pran

- None/Okenn
 Tips/Poubwa _____ per hour/pa èdtan
 Meals/Repa _____ per meal/pa repa
 Lodging/Lojman _____
 Other/Lòt bagay _____

5. Regular payday/Jou pèyman regilye

6. Pay is /Pèyman an fèt

- Weekly/Chak semèn
 Bi-weekly/Chak de semèn
 Other/Yon lòt fason: _____

7. Overtime Pay Rate/To Pèyman Pou Travay Sipleman (travay ki depase 40 èdtan nan yon semèn) :

\$ _____ per hour/pa èdtan (This must be at least 1½ times the worker's regular rate, with few exceptions.)/(Sa sipoze omwen 1 ½ fwa to regilye travayè a, ak kèk eksepsyon.

8. Employee Acknowledgement /Rekonesans Anplwayè:

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 **Haitian Creole**. /Nan jou sa a, mwen te resevwa yon avi sou to pèyman mwen, to travay sipleman (si m kalifye), alokasyon, ak jou ki chwazi pèyman mwen ann Angle ak lang manman mwen. Mwen te di anplwayè mwen lang manman mwen se **Kreyòl Ayisyen**.

Print employee name/Ekri non anplwaye a ak lèt yo dekolè

Employee Signature /Siyati Anplwaye a

Date/Dat

Preparer Name and Title /Non ak Tit moun kap prepare dokiman an

The employee must receive a signed copy of this form. The employer must keep the original for 6 years. /Anplwaye a dwe resevwa yon kopi fòm sa a ki siyen. Anplwayè a dwe kenbe orijinal la pandan 6 ane.