

Labor Law Section 195(1)
Notice and Acknowledgement of Wage Rate and Designated Payday
Hourly Rate Plus Overtime

<u>Employer</u>	<u>Employee</u>
Company Name <u>Demo Fire District</u>	Name <u>1 Employee</u>
FEIN _____	Street address _____
Street address <u>1 Main Street</u>	Apt. _____ City _____
City <u>East Northport</u> State <u>NY</u>	State _____ Zip: _____
Zip <u>11731</u>	Phone _____
Phone <u>631 493-0068</u>	
Preparer's Name _____ <u>Treasurer "Z"</u>	
Preparer's Title _____ <u>Treasurer</u>	111111111
Your rate of pay: <u>\$1642.34</u> Salaried _____ per hour.	
Your overtime rate of pay: <u>\$0.00</u> _____ per hour.	
Designated pay day: <u>Friday</u> _____	

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

Date: 02-08-2018 _____

[Preparer's Signature]

General Statement Regarding Overtime Pay in New York:

Almost all employees in New York must be paid overtime wages of 1 1/2 times their regular rate of pay for all hours worked over 40 per workweek. A very limited number of specific categories of employees are covered by overtime at a lower rate or not at all.

I hereby acknowledge that I have been notified of my wage rate, overtime rate, and designated pay day on the date set forth below.

Date: _____

[Employee's Signature]

A duplicate signed copy of this form is to be provided to the employee. Original must be kept by the employer.

Labor Law Section 195(1)
Notice and Acknowledgement of Wage Rate and Designated Payday
Hourly Rate Plus Overtime

<u>Employer</u>	<u>Employee</u>
Company Name <u>Demo Fire District</u>	Name <u>4 Employee</u>
FEIN _____	Street address _____
Street address <u>1 Main Street</u>	Apt. _____ City _____
City <u>East Northport</u> State <u>NY</u>	State _____ Zip: _____
Zip <u>11731</u>	Phone _____
Phone <u>631 493-0068</u>	
Preparer's Name _____ <u>Treasurer "Z"</u>	
Preparer's Title _____ <u>Treasurer</u>	444444444
Your rate of pay: <u>\$2547.74</u> Salaried _____ per hour.	
Your overtime rate of pay: <u>\$0.00</u> _____ per hour.	
Designated pay day: <u>Friday</u> _____	

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

Date: 02-08-2018 _____

[Preparer's Signature]

General Statement Regarding Overtime Pay in New York:

Almost all employees in New York must be paid overtime wages of 1 1/2 times their regular rate of pay for all hours worked over 40 per workweek. A very limited number of specific categories of employees are covered by overtime at a lower rate or not at all.

I hereby acknowledge that I have been notified of my wage rate, overtime rate, and designated pay day on the date set forth below.

Date: _____

[Employee's Signature]

A duplicate signed copy of this form is to be provided to the employee. Original must be kept by the employer.

Labor Law Section 195(1)
Notice and Acknowledgement of Wage Rate and Designated Payday
Hourly Rate Plus Overtime

<u>Employer</u>	<u>Employee</u>
Company Name <u>Demo Fire District</u>	Name <u>5 Employee</u>
FEIN _____	Street address _____
Street address <u>1 Main Street</u>	Apt. _____ City _____
City <u>East Northport</u> State <u>NY</u>	State _____ Zip: _____
Zip <u>11731</u>	Phone _____
Phone <u>631 493-0068</u>	
Preparer's Name _____ <u>Treasurer "Z"</u>	
Preparer's Title _____ <u>Treasurer</u>	555555555
Your rate of pay: <u>\$1062.53</u> Salaried _____ per hour.	
Your overtime rate of pay: <u>\$0.00</u> _____ per hour.	
Designated pay day: <u>Friday</u> _____	

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

Date: 02-08-2018 _____

[Preparer's Signature]

General Statement Regarding Overtime Pay in New York:

Almost all employees in New York must be paid overtime wages of 1 1/2 times their regular rate of pay for all hours worked over 40 per workweek. A very limited number of specific categories of employees are covered by overtime at a lower rate or not at all.

I hereby acknowledge that I have been notified of my wage rate, overtime rate, and designated pay day on the date set forth below.

Date: _____

[Employee's Signature]

A duplicate signed copy of this form is to be provided to the employee. Original must be kept by the employer.