



**Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Hourly Rate Employees**

1. Employer Information

Name:

Lehman College
Office of Financial Aid

Doing Business As (DBA) Name(s):

Lehman College, CUNY
Office of Financial Aid

FEIN (optional): 13-1616880

Physical Address:

250 Bedford Park BLVD., West
Bronx, NY 10468-1589

Mailing Address:

250 Bedford Park BLVD., West
Bronx, NY 10468-1589

Phone: 718-960-8545

3. Employee's rate of pay:

\$ _____ per hour

4. Allowances taken:

- None
- Tips _____ per hour
- Meals _____ per meal
- Lodging _____
- Other _____

5. Regular payday: _____

6. Pay is:

- Weekly
- Bi-weekly
- Other

7. Overtime Pay Rate:

\$ N/A per hour (This must be at least
1½ times the worker's regular rate with
few exceptions.)

8. Employee Acknowledgement:

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. 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

Rosa Torres, FWS Coordinator

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 to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers.

2. Notice given:

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