



**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

Darysa Falu, Financial Aid Specialist

\_\_\_\_\_  
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