

NOTICE AND ACKNOWLEDGEMENT OF PAY RATE
Under Section 195.1 of the New York State Labor Law

**PRODUCER/EMPLOYEE
NAME and DBA:** _____

**EMPLOYER PHYSICAL
ADDRESS:** _____

**EMPLOYER MAILING
ADDRESS:** _____

EMPLOYER PHONE: _____

**EMPLOYER OF
RECORD:** AMERICAN RESIDUALS & TALENT, INC dba ART PAYROLL
26 GREGS WAY
TAMWORTH, NH 03886
(603) 367-9955

**Employee's
Pay Rate:** \$365.00 Traditional; \$404.30 Audio Flex minimum session fee
paid covers one radio commercial allowing 90 minutes of
worktime per commercial recorded in a single session.

**OVERTIME
RATE (if
worked):** If time worked exceeds worktime allowed, additional
minimum session fee is paid.

**REGULAR
PAYDAY:** Payroll processed daily on or before 15 business days from
date worked

EMPLOYEE ACKNOWLEDGEMENT:

I, the undersigned, do hereby acknowledge receipt of notice of pay rate, overtime rate (if eligible), allowances and designated payday. My Primary Language is English or I have been given this notice in English because the Department of Labor does not yet offer a pay notice form in my primary language.

If Employee is under 18 years of age acknowledgement must be signed by a Legal Guardian.

I, the undersigned, hereby state that I am the Legal Guardian of the below named Employee and do hereby acknowledge receipt of notice of pay rate, overtime rate (if eligible), allowances and designated payday. My Primary Language is English or I have been given this notice in English because the Department of Labor does not yet offer a pay notice form in my primary language.

Employee Signature: _____

Print Employee Name: _____

Producer Signature: _____

Print Producer Name: _____

Date: _____