

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

PRODUCER/EMPLOYER 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: \$822.30 per 8 hour weekday worked

DAILY OVERTIME RATE (if worked): 154.18 per hour for the 9th and 10th hour worked each weekday; 205.58 per hour for the 11th and each additional hour worked each weekday

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: _____