

**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:** \$379.60 Traditional; \$420.50 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: \_\_\_\_\_