

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: **\$643.00 minimum session fee for each commercial recorded during a single recording session. Each session fee paid covers two hours work time.**

DAILY OVERTIME RATE (if worked): **In those instances where time worked during a single recording session exceeds the work time allowed, an additional minimum session fee is paid for each two hours, or fraction thereof, worked in excess.**

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: _____