

**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:** \$855.20 per 8 hour weekday worked

**DAILY OVERTIME RATE (if worked):** 160.35 per hour for the 9<sup>th</sup> and 10<sup>th</sup> hour worked each weekday; 213.80 per hour for the 11<sup>th</sup> 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: \_\_\_\_\_