NOTICE AND ACKNOWLEDGEMENT of pay rate and Payday Under Section 195.1 of the New York State Labor Law. This notice is required to all employees paid a weekly rate or salary for a fixed number of hours (40 or fewer in a week).

1. Employer Information:
   Name: _____
   Mailing Address: _____
   Telephone Numbers: (church) _____ (fax) _____
   FEIN: 16-

2. Notice Given:
   - ☐ At Hiring
   - ☐ On or Before February 1
   - ☐ Before a change in pay rate(s), allowances claimed, or payday

3. Employees Rate of Pay
   $_____ per week—calculated to $_____annually
   #_____ weekly hours (specify the number of weekly hours for which the above weekly rate or salary will be paid.

4. Allowances taken
   - ☒ None
   - ☐ Tips
   - ☐ Meals
   - ☐ Lodging
   - ☐ Clergy Housing Allowance included in 3 above

5. Regular Pay Day is _____

6. Pay is:
   - ☐ Weekly
   - ☐ Bi-weekly
   - ☒ Semi-monthly
   - ☐ Other _____

7. Overtime Pay Rate
   $_____ per hour. (This must be at least 1½ times the worker's regular rate with few exceptions. – clergy are one of the exceptions and are exempt from overtime pay)

8. Employee acknowledgement:
   On this day I received notice of my pay rate, overtime rate (if eligible), allowances, and designated payday in English, and in my primary language (if different from English).

_____ _____ _____
Employee Name Employee Signature Date

_____ _____ _____
Preparer Name/Title Signature Date

The Employee must receive a signed copy of this form. The employer must keep the original for 6 years.