



**Labor Law Section 195(1)**  
**Notice and Acknowledgement of Wage Rate and Designated Payday**  
**Hourly Rate Plus Overtime**

<b><u>Employer</u></b>	<b><u>Employee</u></b>
Company Name: <u>College of Mount Saint Vincent</u>	Name: _____
FEIN: <u>131740445</u>	Street address: _____
Street Address: <u>6301 Riverdale Avenue</u>	Apt. _____ City: _____
City: <u>Riverdale</u> State: <u>NY</u> Zip: <u>10471</u>	State: _____ Zip: _____
Phone: <u>(718) 405-3354</u>	Phone: (_____) _____ - _____
Preparer's Name: <u>Michella Campbell</u>	
Preparer's Title: <u>Human Resources Information Manager</u>	
Your rate of pay: <input type="checkbox"/> \$15.00 per/hour <input type="checkbox"/> Stipend Amount: _____	
Your overtime rate of pay: _____	
Designated pay day: <u>Bi-weekly (every other Friday)</u>	

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

Date: \_\_\_\_\_

\_\_\_\_\_  
**[Human Resources Signature]**

**General Statement Regarding Overtime Pay in New York:**

Almost all employees in New York must be paid overtime wages of 1½ times their regular rate of pay for all hours worked over 40 per workweek. A very limited number of specific categories of employees are covered by overtime at a lower overtime rate or not at all.

I hereby acknowledge that I have been notified of my wage rate, overtime rate, and designated pay day on the date set forth below.

Date: \_\_\_\_\_

\_\_\_\_\_  
**[Employee's Signature]**

*A duplicate signed copy of this form is to be provided to the employee. Original must be kept by the employer.*