WE ARE YOUR DOL



1. Employer Information
Name:
Doing Business As (DBA) Name(s):
FEIN (optional):
Physical Address:
MailingAddress:
Phone:

2. Notice given:

Before a change in pay rate(s),allowances claimed or payday

LS 55 (09/22)

Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law Notice for Multiple Hourly Rate Employees

3. Employee's rate(s) of pay for each type of work or shift:

\$ per hour fo
\$ per hour fo
\$ per hour fo

4. Allowances taken:

□ None	
□ Tips	per hour
□ _{Meals}	per meal
☐ Lodging	<u></u>
Other	
5. Regular payday:	

6. Pay is:

Weekly
Bi-weekly
Other:

7. Overtime Pay Rate for each type of work or shift:

This must be at least 1½ times the worker's weighted average of the multiple rates of pay for the week, with few exceptions. The weighted average is the total regular pay divided by the total hours worked in the week. The overtime rate may vary from week to week depending on how many hours you worked at each rate of pay. The overtime rate may vary from week to week.

8. Employee Acknowledgement:

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday on the date given below. I told my employer what my primary language is.

Check one:

☐ I have been given this pay notice in English
because it is my primary language.
☐ My primary language is
have been given this pay notice in English only,
because the Department of Labor does not yet
offer a pay notice form in my primary language.
Print Employee's Name
Employee's Signature
Date
Preparer's Name and Title

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

Please note: It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their coworkers.