



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

1. Employer Information

Name:
College of Staten Island

Doing Business As (DBA) Name(s):

FEIN (optional):
13-1616880

Physical Address:
2800 Victory Blvd.
Staten Island, New York 10314

Mailing Address:

Phone: 718-982-2030

- 2. Notice given:**
- At hiring
 - Before a change in pay rate(s), allowances claimed or payday

LS54(02/15)

3. Employee's rate of pay:
\$ _____ per hour

- 4. Allowances taken:**
- None
 - Tips _____ per hour
 - Meals _____ per meal
 - Lodging _____
 - Other _____

5. Regular payday: Thursday

- 6. Pay is:**
- Weekly
 - Bi-weekly
 - Other

7. Overtime Pay Rate:
\$ N/A per hour (This must be at least 1 ½ times the worker's regular rate with few exceptions.)

8. Employee Acknowledgement:

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day 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 _____. I 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 Name

Employee Signature

Date

Danielle Ciaramello, Financial Aid Advisor
Preparer's Name and Title

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