



**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(06/20)

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

Sharon Christian, Associate Director
Preparer's Name and Title

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