

<u>Labor Law Section 195(1)</u> Notice and Acknowledgement of Wage Rate and Designated Payday <u>Hourly Rate Plus Overtime</u>

<u>Employer</u>			<u>Employee</u>		
Company Name	Test University		 Name	km	
FEIN	9383474-00		Street Address	hjfhhj	
Street Address	Down Broadway		Apt.	fhjh	
City	Manhattan		City	fjhjh	
State	New York 6		State	New York	6
Zip	10019		Zip	11217	<u>U</u>
Phone	212-000-0000		Phone	2122222222	
Preparer's Name	Jim Grace		İ	12.1222222	
Preparer's Title	Tester Person		İ		
Your overtime rate of pay:		\$ 200.00			per hour.
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	1 2	,,		_	•
Designated pay day:		Thursday			
best of my knowled misdemeanor (Sect General Statement Almost all employed hours worked over	I have read the above and ge and belief. Any false stion 210.45 of the New Your Regarding Overtime tees in New York must be part 40 per workweek. A very wer overtime rate or not at	atements know ork State Pen Pay in New paid overtiments Ilimited num	wingly made are pural Law). York: wages of 1½ times	nishable as a class	A f pay for all
date set forth below	ge that I have been notified. I copy of this form is to b				
Preparer Signature	Electronically signed by Ji	im Grace on	02/05/2010		