



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

**1. Employer Information**

Name:

**STUDENT  
ASSOCIATION**

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address:

350 Student Union  
Buffalo, NY, 14260

Mailing Address:

350 Student Union  
Buffalo, NY, 14260

Phone: 716-645-2950

**2. Notice given:**

- At hiring
- On or before February 1
- Before a change in pay rate(s), allowances claimed, or payday

**3. Employee's pay rate(s): State if pay is based on an hourly, salary, day rate, piece rate, or other basis.**

\_\_\_\_\_

Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality Industry, except for commissioned salespeople.

**4. Allowances taken:**

- None
- Tips \_\_\_\_\_ per hour
- Meals \_\_\_\_\_ per meal
- Lodging \_\_\_\_\_
- Other \_\_\_\_\_

Academic Year - Friday

**5. Regular payday:** Other - Thursday

**6. Pay is:**

- Weekly
- Bi-weekly
- Other: \_\_\_\_\_

**7. Overtime Pay Rate:**

Most workers in NYS must receive at least 1½ times their regular rate of pay for all hours worked over 40 in a workweek, with few exceptions. A limited number of employees must only be paid overtime at 1½ times the minimum wage rate, or not at all.

This employee is exempt from overtime under the following exemption (optional): \_\_\_\_\_

\_\_\_\_\_

**8. Employee Acknowledgement:**

On this day, I received notice of my pay rate, overtime rate (if eligible), allowances, and designated payday. 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

\_\_\_\_\_  
Preparer Name and Title

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