WE ARE YOUR DOL

1. Employer Information

Name:

Alfred University

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address:

1 Saxon Drive Alfred, NY 14802

Mailing Address:

Phone: 607-871-2276

2. Notice given:

At hiring

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

3. Employee's rate of pay:	
\$	per hour
	per hour per meal
5. Regular payday: Friday	
6. Pay is: ☐ Weekly ☑ Bi-weekly ☐ Other	
7. Overtime Pa \$ per	y Rate: hour (This must be

Notice and Acknowledgement of Pay Rate and Payday

Under Section 195.1 of the New York State Labor Law

Notice for Hourly Rate Employees

\$ _____ per hour (This must be at least 1½ 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

Deborah Drain, CHRO

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 co-workers.