



**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:

UB Foundation Activities, Inc.

as payroll administrator for University at Buffalo

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address:

103 Center for Tomorrow

Buffalo, NY 14260

Mailing Address:

P.O. Box 900

Buffalo, NY 14226-0900

Phone: 716-645-3013

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 _____

5. Regular payday: Wednesday

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.

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.**

Employee Name: