



**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:

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

3. Employee's rate of pay:

\$_____per hour

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:

\$_____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 payday 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.

Employee Signature

Date

Preparer's Name and Title

2. Notice given:

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

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