



Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law
Notice for Employees Paid Salary for Varying Hours, Day Rate, Piece Rate, Flat Rate or Other Non-Hourly Pay

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. Regular payday: Wednesday

4. Employee's Pay Rate:

\$_____ per _____

Specify the basis for the rate paid, i.e. salary for
varying hours, day rate, etc.

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

5. Allowances taken:

- ☐ None
☐ Tips _____ per hour
☐ Meals _____ per meal
☐ Lodging _____
☐ Other _____

6. Pay is:

- ☐ Weekly
☒ Bi-weekly
☐ Other

7. Overtime Pay Rate:

In most cases the overtime rate will be 1½ times
the regular rate of pay for the week. The regular
rate of pay is the total weekly pay divided by
the hours worked in the week.

In most cases, it is illegal to pay a fixed weekly
rate for varying hours worked over 40 per week.
The Department of Labor strongly discourages
weekly rates for non-exempt employees, since
underpayments often result.

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: