



**Notice and Acknowledgement of Wage Rate(s) for Temporary Help Firms
Under Section 195.1 of the New York State Labor Law**

1. Temporary Help Firm Information

Name:
Triple Crown Staffing Inc

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address:

Mailing Address:
1001 Avenue of the Americas
11th Floor
New York, NY 10018

Phone: (212) 600-1284

2. Notice given:

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

3. Payday (check one):

- Regular payday: _____
- Unknown The payday is based on the payday of the assigned organization.

4. Rate of Pay (check one):

- Average Wage Rate Range for Assignment(s): _____
- Employee's rate (s) of pay:
\$ _____ per _____
\$ _____ per _____
\$ _____ per _____

5. Allowances taken:

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

6. Pay is:

- Weekly
- Bi-weekly
- Other: _____

7. Overtime Pay Rate: \$_____ per hour

For most workers in NYS this rate must be at least 1 ½ times the regular rate of pay, for all hours worked over 40 per workweek (44 hours for certain residential employees). The Temporary Help Firm should count all hours worked in all assignments during a workweek. Some assignments are only required to receive overtime pay at 1½ times the minimum wage. When you receive your assignment, your employer will tell you the overtime rate and the reason why if you are not eligible for overtime for that assignment.

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 only, because my primary language is English.
- 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

Applicant/Employee Signature

Date

Daniel Feit, President

Preparer Name and Title

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