



## Notice and Acknowledgement of Pay Rate and Payday

### Under Section 195.1 of the New York State Labor Law Notice for Multiple Hourly Rate Employees

#### 1. Employer Information

Name: Today's Homecare, Inc.

Doing Business As (DBA) name(s):

Today's Homecare, Inc.

FEIN (optional):

Physical Address:

2575 East 14 Street, Unit C1,  
Brooklyn, NY 11235

Mailing Address:

2575 East 14 Street, Unit C1,  
Brooklyn, NY 11235

Phone: 718-650-3558

#### 2. Notice given:

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

#### 3. Employee's rate(s) of pay for each type of work or shift:

\$ \_\_\_\_\_ per hour for \_\_\_\_\_

\$ \_\_\_\_\_ per hour for \_\_\_\_\_

\$ \_\_\_\_\_ per hour for \_\_\_\_\_

#### 4. Allowances taken:

- None
- Tips \_\_\_\_\_ per hour
- Meals \_\_\_\_\_ per meal
- Lodging \_\_\_\_\_
- Other \_\_\_\_\_

#### 5. Regular payday: \_\_\_\_\_

#### 6. Pay is:

- Weekly
- Bi-weekly
- Other

#### 7. Overtime Pay Rate(s) for each type of work or shift:

This must be at least 1½ times the worker's weighted average of the multiple rates of pay for the week, with few exceptions. The weighted average is the total regular pay divided by the total hours worked in the week. The overtime rate may vary from week to week depending on how many hours you worked at

each rate of pay. The overtime rate may vary from week to week.

#### 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.

\_\_\_\_\_  
Print Employee's Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Galina Druzykina - HR/Compliance  
\_\_\_\_\_  
Preparer's Name and Title

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