WE ARE YOUR DOL



Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law Notice for Hourly Rate Employees

3. Employee's rate of pay:

1. Employer Information
Name: PeoplePool Valet, Inc.
Doing Business As (DBA) Name(s): PeoplePool Valet, Inc.
FEIN (optional): 92-0951498
Physical Address:
46 Argonne Rd West Hampton Bays, NY 11946
Mailing Address:
46 Argonne Rd West Hampton Bays, NY 11946
Phone: 1(516)380-4927

Before a change in pay rate(s),

allowances claimed or payday

\$p	er hour	
4. Allowances taken:		
None		
☐ Tips	_ per hour	
Meals	_ per meal	
Lodging	<u> </u>	
Other		
5. Regular payday: Friday		
6. Pa <u>v</u> is:		
Weekly		
☐ Bi-weekly		
Other		
7. Overtime Pay Rate:		
	(This must be at least er's regular rate with	

8. Employee Acknowledgement: On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day 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.

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Print Employee Name

Employee Signature

Date

Elizabeth Ottati, Office Manager

Preparer's Name and Title

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

Please note: It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers.

2. Notice given: At hiring