HOMEWORK SOLUTIONS
ONLINE AT 4NANNYTAXES

Notice and Acknowledgement of Pay Rate and Payday
Under § 195.1 of the New York State Labor Law
For Hourly Rate Domestic Service Employees

Employer Information/Información del Empleador Name/*Nombre*: Address/*Dirección*: Telephone/*Teléfono*: Employer FEIN/*Número de Identificación Federal*: (optional)	Employee's rate of pay/*Tasa de pago del empleado*: $ _____ per hour/por hora Employee's overtime rate/*Tasa de Pago de Horas Extras*: $ _____ per hour/por hora (Must be at least 1 ½ times the worker's regular rate of pay. Live in domestics receive the overtime rate for hours worked in excess of 44 in the 7 day work week. Live out domestics receive the overtime rate for hours worked in excess of 40 in the 7 day work week.)
Notice Given/Adviso emitido: ☐ At hiring/*En la contratación* ☐ Annual Notice on/before February 1, 201___ *En o antes del 1 de Febrero, 201___* ☐ Before change in pay rate(s), allowances claimed or payday/*Antes de un cambio en tasa de pago, créditos tomados, o día de cobro*	Regular Pay Day/*Día de Cobro Regular* Sunday Monday Tuesday Wednesday Thursday Friday Saturday Pay is WEEKLY/*El pago es SEMANAL* (NYS Domestic Workers' Bill of Rights MANDATES Weekly payroll.)

Employee Acknowledgement/*Acuse de Recibo del Empleado*:
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. *En esta fecha, se me ha informado de mi tasa de pago, mi tasa de pago de horas extras (si elegible), créditos, y del día de cobro en inglés y en español.*

Check One:
☐ I have been given my pay notice in English & Spanish.
☐ My primary language is _____. I have been given this pay notice in English/Spanish only, because the Department of Labor does not yet offer a pay notice in my primary language.

_____
Print Employee Name/*Escriba el nombre del empleado en letra de imprenta*

_____
Employee Signature/*Firma del Empleado*

_____
Date/*Fecha*

Prepared by _____, Household Employer (*Preparador de este Documento*)
(Print Employer Name)

The employee must receive a signed copy of this form./*El empleado debe recibir una copia firmada, de este documento.* The employer must keep the original for 6 years. Clients may fax the completed form to 703.404.8155 for inclusion in your payroll tax file.