

EMPLOYEE ACKNOWLEDGEMENT FORM

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

AGREEMENT BETWEEN:

<u>Employer</u>	<u>Employee</u>

Terms of Employment:

Start Date	
Weekly Work Schedule:	
Wage Information:	
Hourly Rate of Pay	
Overtime Rate of Pay (after 40 hours of weekly work)	
Total weekly work hours	
Gross weekly Pay	
Pay Frequency	
Weekly Pay Day	

Employment Benefits:

When do Benefits Begin: _____

Vacation Pay (Circle All that Apply): Use It or Lose It Equalized based on work schedule (if applicable) Can be carried over to subsequent years	
Sick Pay (Circle All that Apply): Use It or Lose It Equalized based on work schedule (if applicable) Can be carried over to subsequent years	
Holiday Pay Adjustment : Time and a half pay for working the following days (List Days that apply of Most common Holidays)	

Employee Acknowledgement

I have been notified that this is an employment at will arrangement as well as of my pay rate, overtime rate, paid vacation and personal/sick days (if eligible).

Employer

Employee:

Signature

Date

Signature

Date