



Mandatory Notice and Acknowledgement of Wage Rate and Designated Payday ■ New York Labor Law Section 195(1)

NY State requires that ALL employees be given notice of their rate of pay, wage status and payday at time of hire, whenever there is a change, and prior to February 1 each year.

- For freelance employees this notice must be provided for each project for which they are hired.
- The employee must be paid the agreed rate for all work in the hired category for that project.
- If the employee's job changes, the rate can change, but a new Notice must be issued.

NY WTPA FORM

Employer/Production Co. Name _____ **FEIN (Optional)** _____

Production Company address _____ **City** _____ **State** _____ **Zip** _____

Production Company mailing address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Payroll Company:** The TEAM Companies, Inc. ■ 2300 Empire Avenue, 5th Floor, Burbank, CA 91504

Employee: Name _____ **Job/Occupation Category** _____

Project Name/# _____ **Work Start Date** _____

RATES OF PAY / Check here if this Notice is given for a Rate Change

Non-Exempt Employees: Your rate of pay is: \$ _____ per hour.

Weekly Overtime: Your overtime rate of pay is: \$ _____ per hour.

----- OR -----

Daily Overtime: Daily after _____ hours \$ _____ per hour, and after _____ hours \$ _____ per hour and for all hours over 40 weekly.

If working under union contract: Other terms and conditions per CBA _____ Agreement/Local

Note: Overtime rate must be at least 1½ times the worker's regular rate, to be paid after 40 regular hours in work week.

Exempt Employees: Employee's pay rate(s):

State if pay is based on an hourly salary day rate piece rate or other basis \$ _____

Overtime Pay Rate:

Most workers in NYS must receive at least 1½ times their regular rate of pay for all hours worked over 40 in a workweek, with few exceptions. A limited number of employees must only be paid overtime at 1½ times the minimum wage rate, or not at all.

This employee is exempt from overtime under the following exemption(s) (optional): _____

Other terms and conditions per CBA _____ Agreement/Local.

Information on designation of Exempt categories is available at: <http://www.dol.gov/elaws/esa/flsa/screen75.asp>

Allowances taken: None Tips _____ per hour Meals _____ per meal Lodging _____ Other _____

Regular payday: _____ Weekly Bi- Weekly Other _____ If more frequent.

Employee Acknowledgement: On this date, 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 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.

Employee Signature _____ **Date:** _____

Check this box if employee declined to sign this form.

Employer's Representative's Signature **Date:** _____

Employer's Representative's Name **Representative's Title** **Representative's Email**