



**Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Employees of Temporary Help Firms**

1. Temporary Help Firm Information
 Name: **Access Staffing, LLC**

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address: **25 Melville Park Rd.
Suite 115
Melville, NY 11747**

Mailing Address: **25 Melville Park Rd.
Suite 115
Melville, NY 11747**

Phone: **(631) 777-2800**

2. Notice given:
 At hiring
 Before a change in pay rate (s), allowances claimed or pay day

3. Payday (check one):
 Regular payday: **Friday**
 Unknown: The payday is based on the payday of the assigned organization.

4. Rate of Pay (check one):
 Average Wage Rate Range for Assignment(s): _____
 Employee's rate (s) of pay:
 \$ _____ per _____
 \$ _____ per _____
 \$ _____ per _____

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

6. Pay is:
 Weekly
 Bi-weekly
 Other: _____

7. Overtime Pay Rate: \$ _____ per hour
 For most workers in NYS this rate must be at least 1 ½ times the regular rate of pay, for all hours worked over 40 per workweek (44 hours for certain residential employees). The Temporary Help Firm should count all hours worked in all assignments during a workweek. Some assignments are only required to receive overtime pay at 1½ times the minimum wage. When you receive your assignment, your employer will tell you the overtime rate and the reason why if you are not eligible for overtime for that assignment.

8. Employee Acknowledgement:
 On this day, 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 only, because my primary language is English.
 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 Name

 Applicant/Employee Signature

 Date

 Preparer 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.



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1. Temporary Help Firm Information
 Name: **Access Staffing, LLC**

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address: **360 Lexington Ave.
8th Floor
New York, NY 10017**

Mailing Address: **360 Lexington Ave.
8th Floor
New York, NY 10017**

Phone: **(212) 687-5440**

- 2. Notice given:**
 At hiring
 Before a change in pay rate (s), allowances claimed or pay day
- 3. Payday (check one):**
 Regular payday: **Friday**
 Unknown: The payday is based on the payday of the assigned organization.

- 4. Rate of Pay (check one):**
 Average Wage Rate Range for Assignment(s): _____
 Employee's rate (s) of pay:
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