

 Employer Inform Name: Physical Address: Mailing Address: Phone: 		ST & CREW ENTERTAINMENT SERVICES, LLC UCTION SERVICES, LLC
 2. Notice Given: At Hiring On or Before February 1 Before a change in pay rate(s), allowances claimed or payday 		3. Allowances Taken: Image: None Image: Tipsper hour Image: Mealsper meal Image: Lodging Image: Other
4. Pay is: Weekly Bi-weekly Other		5. Regular Payday: (Circle One) SUN MON TUE WED THU FRI SAT
6. Employees Rate of Pay: State if pay is based 7. Overtime Pay Rate: on an hourly, salary, or other basis.		
\$	per hr/per wk (Circle One)	\$ per hour (This must be at least 1½ times the worker's regular rate, with few exceptions.)
Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality Industry, except for commissioned salespeople. 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 (optional):		
8. Employee Acknowledgement: On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday 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. 		
Employee Name		Show Title
Employee Signature		
Preparer's Name and Title		
The employee must receive a signed copy of this form. The employer must keep the original for 6 years.		