

**Notice and Acknowledgement of Wage Rate(s) for Temporary Help Firms
Under Section 195.1 of the New York State Labor Law**

1. Temporary Help Firm Information

Name: LHM Management, Co Inc
Doing Business As (DBA) Name(s): LHM Management
FEIN (optional):
Physical Address: 116 John Street, Suite 602, New York, NY 10038
Mailing Address: 116 John Street, Suite 602, New York, NY 10038
Phone: 212-566-7600

2. Notice given:

- At hiring
On or before February 1
Before a change in payrate(s), allowances claimed or payday

3. Payday (check one):

- Regular payday: Thursday via direct deposit, otherwise no later than Friday 5pm
Unknown - The payday is based on the payday of the assigned organizations

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 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.

Print Employee Name _____

Employee Signature _____

Date _____

Preparer Name and Title: Heather Eidlen, Vice President

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

