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CLIENT ALERT

**N.Y.S. Department of Labor Requires Use of NYSDOL Form
to Comply with Amended Labor Law §195**

The amended New York Labor Law §195 went into effect on October 26, 2009. (See our October 13, 2009 Client Alert, available at http://www.putneylaw.com/cu_101309.html). Under the amended law, employers must obtain a signed acknowledgment from each new employee setting forth (a) the employee's regular rate of pay, (b) the employee's overtime rate of pay, if applicable, and (c) the employer's regular pay days.

Until now, the New York State Department of Labor (the "Department" or "NYSDOL") did not indicate any particular form of confirmation that was required from employees. Recently, however, the Department has mandated that employers must obtain from each employee a signed standard NYSDOL acknowledgment form, a copy of which is attached. The form may also be found on the NYSDOL website, at <http://www.labor.state.ny.us>.

The acknowledgment form currently available does not allow for consideration of more complex compensation arrangements. The Department has indicated that it is in the process of drafting additional forms and guidelines that will cover various circumstances, among them FLSA exempt employees and Commission Salespersons. We anticipate that the additional forms and guidelines will be on the Department's website within the next two weeks. Until such forms are available, we recommend that employers with complex compensation arrangements use the currently available NYSDOL form, with the specifics of the compensation arrangement attached as an appendix. We further recommend that employers have newly hired employees sign the appendix, keep the signed appendix and give a copy to the employee.

If you should have any questions regarding the new acknowledgment requirements or any other related issues, please contact us.

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Labor Law Section 195(1)
Notice and Acknowledgement of Wage Rate and Designated Payday
Hourly Rate Plus Overtime

<u>Employer</u>	<u>Employee</u>
Company Name _____	Name _____
FEIN _____	Street address _____
Street address _____	Apt. _____ City _____
City _____ State _____	State _____ Zip: _____
Zip _____	Phone (____) _____ - _____
Phone (____) _____ - _____	
Preparer's Name _____	
Preparer's Title _____	

Your rate of pay: _____ per hour.

Your overtime rate of pay: _____ per hour.

Designated pay day: _____

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

Date: _____

[Preparer's Signature]

General Statement Regarding Overtime Pay in New York:
 Almost all employees in New York must be paid overtime wages of 1½ times their regular rate of pay for all hours worked over 40 per workweek. A very limited number of specific categories of employees are covered by overtime at a lower overtime rate or not at all.

I hereby acknowledge that I have been notified of my wage rate, overtime rate, and designated pay day on the date set forth below.

Date: _____

[Employee's Signature]

A duplicate signed copy of this form is to be provided to the employee. Original must be kept by the employer.