## Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law **Notice for Hourly Rate Employees**

exceptions. SAG-AFTRA overtime rules

apply on union-covered work.)

1. Employer Information  Name: GEP Cencast, LLC	<ul> <li>3. Employee's rate of pay: <ul> <li>Non-union rate: \$16 per hour</li> <li>Union rate: Production companies may be signatory to SAG-AFTRA in which case union</li> </ul> </li> </ul>	On this day I have rate, overtime rate and designated pabelow. I told my elanguage is.
Doing Business As (DBA) Name(s):	scale rates apply depending on the applicable collective bargaining agreement.	Check one:  I have been given because in the common terms of the c
Central Casting FEIN (optional):	4. Allowances taken: None	My primary land have been given to only, because the
Physical Address: 5 Penn Plaza, 10th Floor New York, NY 10001	5. Regular payday: Friday after end of the prior payroll week (example, work performed during the week of Sun. 3/10/2024 - Sat. 3/16/2024 would be paid	does not yet offer primary language.
Mailing Address:	by next Fri. 3/22).	Print Employee Na name)
Phone: 646-205-8244	6. Pay is: Weekly  7. Overtime Pay Rate:	Employee Signatur legal guardian mus
2. Notice given:  X At hiring	\$ (1½x) per hour (This must be at least 1½ times the worker's regular rate with few	If parent/guardian relationship to the

## 8. Employee Acknowledgement:

e been notified of my pay e (if eligible), allowances, ay day on the date given employer what my primary

☐ 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 (if a minor, print minor's name)		
Employee Signature (if a minor, the parent or legal guardian must sign)		
If parent/guardian is signing, state your relationship to the minor.)		
Date signed		
Layla Lazarov, Employer Representative		
Preparer's Name and Title		

The employee must receive a signed copy of this form.

The employer must keep the original for 6 years.

☐ Before a change in pay rate(s). allowances claimed or payday