

**Employee New Hire/Rehire Pay Notification Form
for Faculty**

Return this form to:
HR Service Center
hrservic@syr.edu
Phone 315.443.4042 Fax 315.443.1063
Skytop Office Bldg., Suite 101, Syracuse, NY 13244

This form is intended to meet compliance with New York State Labor Law Section 195(1) and the Wage Theft Prevention Act, which requires employers to notify employees of their pay related information. Please review the information provided by your department, complete the acknowledgement at the bottom of the page, and return to your department administrator before any work is performed.

Preparer Name and Title: _____

Employee Information (To be completed by the hiring department)

Name: _____

SUID: _____

Title: _____

Semi-Monthly Pay Rate: _____

Pay Cycle: Semi-Monthly for the length of the appointment as identified in the appointment letter. Paid on the business day closest to the 15th and last day of the month.

Employee Acknowledgement (To be completed by the employee)

The Wage Theft Prevention Act requires employers to make this pay notification available in English and in one of six languages designated by the New York State Department of Labor.

By selecting a language below, I understand that I will receive a second pay notification in English and in my designated primary language.

- Spanish Chinese (Mandarin) Korean Russian Polish Haitian/Creole

I acknowledge that I have been notified of my pay information. I have been given this information in English and have also been given the opportunity to identify and receive notification of my pay information in one of the six languages designated above.

Employee Signature

Date

The confidential information contained in this notice is for Human Resources use only and will not be used for any other purpose.