Syracuse University Human Resources

Employee New Hire/Rehire Pay Notification Form for SEIU Bargaining Unit Employees

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.

Employee Information (To be completed by the hiring department)			
Name:			
		As an SEIU bargaining unit employee, the following pay diff	erentials could apply to your hourly rate (select all that apply):
		☐ Out of Grade Work \$.55/hour or new grade minimum	☐ Height Pay \$+10% per hour
		☐ Freezer Pay \$.50/hour	☐ Heat Pay \$+10% per hour
		☐ Shift Differential \$.20/hour ☐ Group Leader/ Temp Supervisor \$.75/hour	☐ Shift Differential \$.50/hour☐ Group Leader/ Temp Supervisor \$1.00/hour
Pay Cycle: Weekly. Paid each Wednesday following the end of	f the pay week		
nployee Acknowledgement (To be completed by the emp	ployee)		
ne Wage Theft Prevention Act requires employers to make this passignated by the New York State Department of Labor.			
selecting a language below, I understand that I will receive a sec imary language.	ond pay notification in English and in my designated		
☐ Spanish ☐ Chinese (Mandarin) ☐ Korean	☐ Russian ☐ Polish ☐ Haitian/Creole		
cknowledge that I have been notified of my pay information wen the opportunity to identify and receive notification of my pa	I. I have been given this information in English and have also been by information in one of the six languages designated above.		
nployee Signature	Date		

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