

Wage Statement (pay stub): Required Information under Section 195.3

	1. Employer name, address, and phone number									
	2. Employee name					3. Dates covered by payment				
	ABC Company, Inc. 1 Main Street Anytown, NY 12000 Ph: 518-457-9000					Pay Period: 1/09/2022 - 1/15/2022		Pay Date: 1/18/2022		No: 0001
4. Basis of payment (hourly, salary, etc.)	Employee: John Doe									
	Rate: Hourly									
5. Rates paid (regular and overtime)	13.20	40			528.00	1056.00				
	19.80		5		99.00	198.00				
6. Hours worked (regular and overtime)										
7. Allowances or Credits										
	Uniform pay			16.40	16.40	32.80				
	Meals (3)			13.65	13.65	27.30				
8. Gross wages					657.05	1314.10				
9. Any deductions from wages							-14.30	-28.60		
10. Net wages									\$642.75	
	Vacation Hours Earned .75									1.50

This sample wage statement shows the basic requirements under Section 195.3 for a non-exempt employee paid by the hour, covered by the Miscellaneous Wage Order. Please note that there may be additional requirements based upon the specific pay agreement and/or wage order coverage. Some employee wage statements must also include the following; The benefit portion of the minimum rate of **home care aide total compensation** as defined in section thirty-six hundred fourteen-c of the public health law ("home care aide benefits"), if applicable; prevailing wage supplements, if any, claimed as part of any **prevailing wage or similar requirement pursuant to article eight of the Labor Law**, and net wages. Where such prevailing wage supplements are claimed, or such home care aide benefits are provided, the statement shall either: (i) identify the type of each supplement claimed, or the type of each home care aide benefits provided, and the hourly rate for each; or (ii) be accompanied by a copy of the applicable notice required under subdivisions one and two of this section.