



Notice and Acknowledgement of Wage Rate(s) for Temporary Help Firms
Under Section 195.1 of the New York State Labor Law

1. Temporary Help Firm Information

Name:

Churchill Benefits Corporation

Doing Business As (DBA) Name(s):

Yurcor

FEIN (optional): 22-2747692

Physical Address:

150 East Palmetto Park Rd.
Suite 505
Boca Raton, FL 33432

Mailing Address:

150 East Palmetto Park Rd.
Suite 505
Boca Raton, FL 33432

Phone: 561-278-1351

2. Notice given:

- ☒ At hiring
☐ On or before February 1
☐ Before a change in pay rate (s),
allowances claimed or pay day

3. Payday (check one):

- ☐ Regular payday: _____
☒ Unknown The payday is based on
the payday of the assigned
organization.

4. Rate of Pay (check one):

- ☐ Average Wage Rate Range for
Assignment(s): _____
☒ Employee's rate (s) of pay:
\$ _____ per _____
\$ _____ per _____
\$ _____ per _____

5. Allowances taken:

- ☒ None
☐ Tips _____ per hour
☐ Meals _____ per meal
☐ Lodging _____
☐ Other _____

6. Pay is:

- ☐ Weekly
☐ Bi-weekly
☒ Other: _____

7. Overtime Pay Rate: \$ _____ per hour

For most workers in NYS this rate must be at least 1 ½ times the regular rate of pay, for all hours worked over 40 per workweek (44 hours for certain residential employees). The Temporary Help Firm should count all hours worked in all assignments during a workweek. Some assignments are only required to receive overtime pay at 1½ times the minimum wage. When you receive your assignment, your employer will tell you the overtime rate and the reason why if you are not eligible for overtime for that assignment.

8. Employee Acknowledgement:

On this day, I received notice of my pay rate, overtime rate (if eligible), allowances, and designated payday. I told my employer what my primary language is.

X Check one:

- ☐ I have been given this pay notice in English only, because my primary language is English.
☐ 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

X _____
Applicant/Employee Signature

9/8/2025

Date

Alanna Williams, Director

Preparer Name and Title