



**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

5/26/2026

 Date

Alanna Williams, Director

 Preparer Name and Title