

MOODYS SHARED SERVICES INC
7 WORLD TRADE CENTER
AT 250 GREENWICH ST
NEW YORK, NY 10007

ABHINAV SINGHAL
444 WASHINGTON BLVD
APT 5527
JERSEY CITY NJ 07310

CONTACT GWEN NELSON AT 212-553-2951 OR EMAIL
MOODSPAYROLL@MOODYS.COM WITH ANY QUESTIONS



Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Exempt Employees

1. Employer Information

Name:

MOODYS SHARED SERVICES INC

Doing Business As (DBA) Name(s):

FEIN (optional):

27-3263953

Physical Address:

7 WORLD TRADE CENTER
AT 250 GREENWICH ST
NEW YORK, NY 10007

Mailing Address:

7 WORLD TRADE CENTER
AT 250 GREENWICH ST
NEW YORK, NY 10007

Phone: 1-212-553-4394

3. Employee's pay rate(s): State if pay is based
on an hourly, salary, day rate, piece rate, or
other basis.

4057.29 SALARY

Employers may not pay a non-hourly rate to a
non-exempt employee in the Hospitality
Industry, except for commissioned salespeople.

4. Allowances taken:

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

5. Regular payday: 15TH & LAST

6. Pay is:

- ☐ Weekly
☐ Bi-weekly
☒ Other: SEMI-MONTHLY

7. Overtime Pay Rate:

Most workers in NYS must receive at least 1½
times their regular rate of pay for all hours
worked over 40 in a workweek, with few
exceptions. A limited number of employees
must only be paid overtime at 1½ times the
minimum wage rate, or not at all.

This employee is exempt from overtime under
the following exemption (optional): _____

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.

Check one:

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

☐ 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.

ABHINAV SINGHAL

Print Employee Name

Employee Signature

Date

CHERYL VERRANO
APR. DISBURSEMENTS
Preparer Name and Title

The employee must receive a signed copy of
this form. The employer must keep the original
for 6 years.