

Application for Authorization to Pay Manual Workers Less Frequently Than Weekly

According to Section 191.1(a) of the Labor Law, an employer may qualify for a variance if

- in the 3 years preceding the application it has employed an average of 1,000 or more persons in this state, **or**
- for 1 year preceding the application it has employed an average of 1,000 or more persons in this state, **and** has for 3 years preceding the application it has employed an average of 3,000 or more persons outside the state
- it furnishes satisfactory proof of the continuing ability to meet its payroll responsibilities.

Answer the following questions and provide the requested information in order to apply for a variance to pay manual workers bi-weekly or semi-monthly:

1. Legal name of employer: _____

2. Trade name: _____

3. Address: _____

4. FEIN: _____

5. The person filing this application on behalf of the employer must complete and submit a letter of representation form found at this link:

<https://dol.ny.gov/letter-representation-employer-representative-ls11-1>

6. Are the manual workers covered by this request represented by a labor organization? Yes No

If yes, provide the name, title, address, direct phone number and e-mail address of any labor official at the local or national level who represents the employees in question. Use an additional sheet, if necessary.

6a. Name: _____ Title: _____
(print) (print)

6b. Address: _____

6c. Phone Number: _____ E-mail: _____

This application must be submitted with the items listed below and mailed to the address shown in the top left-hand corner of this form. All required items must come in a single mailing. Please do not submit any item pertaining to this application under separate cover.

- A) One recent pay period's computerized payroll record from any single NYS location. Those records should include the address of the location where the employees work and for each individual employee the following: i) first and last name and department or occupation, ii) wage rate, iii) hours worked, iv) gross wages paid, v) itemized deductions from wages; and, vi) net wages. Do not include employee SSNs or addresses or any other data not listed in this paragraph. Do not include payrolls from multiple pay periods or from multiple locations.

- B) A transcript of the number of individuals employed and remuneration paid as recorded on your business's quarterly NYS-45 reporting form for each quarter in each of the last three complete calendar years and for each completed quarter of the current calendar year. Under no circumstances should the business submit a copy of the original form.

The information should be arranged in a spreadsheet or matrix format with an individual row for each quarter in each year showing (in ascending date order) the sums for the number of individuals employed and remuneration paid as reported for each year.

The transcript must be accompanied by a signed and notarized affidavit wherein the business's divisional vice president or department head responsible for filing the NYS-45 attests to the genuineness and accuracy of the figures contained in the transcript.

If your business is seeking to qualify for a variance under the 3,000 employee threshold described earlier in this form then your business must also submit the transcripts in the same form and content compiled from figures on analogous quarterly reporting forms used in other states or localities.

- C) Proof of the company's continued ability to meet its payroll responsibilities including but not limited to an opinion letter from a certified public accountant affirming that the employer has not defaulted on any of its payroll obligations over the course of the three fiscal years preceding this application.
- D) If the manual workers in New York State are represented by any labor organization the employer must include letters from the appropriate union officials giving their assent to the requested pay period extension, or a copy of a contract in effect wherein a bi-weekly or semi-monthly pay period has been agreed upon.
- E) Proof of employer's coverage for workers' compensation insurance. Acceptable forms are: C-105.2; U-26.3; SI-12, GSI-105.2.

Acord liability insurance forms are not accepted as proof of workers' compensation coverage.

- F) Proof of employer's coverage for disability insurance. Acceptable forms are: DB 120.1; DB-155.
- G) Proof of no outstanding warrants for failure to remit state personal income tax withholdings. Proof is obtained by writing to the New York State Department of Taxation and Finance (address below) to issue a letter certifying that fact. Be sure to reference the Federal Employer Identification Number (FEIN).

The letter must accompany the application, do not submit it under separate cover.

New York State Department of Tax and Finance
Disclosure and Government Exchange
Attention: Thomas Engle, Tax Technician III
Building #8, Room 700
NYS Office Building Campus
Albany, NY 12227
Phone: 518-530-4362

- H) Proof that there are no outstanding warrants against the employer for failure to remit unemployment insurance contributions. The **Division of Unemployment Insurance** may provide proof to us directly, if a responsible officer of the employer executes the attached **RELEASE FORM**.

Attestation: I the undersigned applicant, as a responsible official of this firm, attest that the above-named employer has (check one):

in the 3 years preceding this application employed an average of 1,000 or more persons in New York State
or

has for 1 year preceding this application employed an average of 1,000 or more persons in New York State
and has for 3 years preceding the application employed an average of 3,000 or more persons outside the state.

Name: _____ Title: _____

Signature: _____ Date: _____

There is no application fee.

Release Form – Disclosure Information

Pursuant to the request, initiated by,

(Print legal name of **EMPLOYER**)

to pay its manual workers on a bi-weekly or semi-monthly basis,

I, _____,
(print **NAME** of responsible officer signing release form)

(print **TITLE** of responsible officer signing release from)

hereby authorize the Division of Unemployment Insurance to disclose to the Permit and Certificate Unit of the Division of Labor Standards of New York State Department of Labor its record, if any, of said employer's Unemployment Insurance tax liabilities.

(print Federal Employer Identification Number FEIN)

(print Unemployment Insurance Employer Registration Number ER#)

Signature

Date

New York State Department of Labor
Division of Labor Standards
W. Averell Harriman State Office Campus, Bldg. 12, Rm. 185B PCU, Albany, NY
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