

1. Employer Information

Name: Trustees of Columbia University in the City of New York

Doing Business As (DBA) Name(s): Columbia University

FEIN (optional): 13-5598093

Physical Address:

Mailing Address: 615 West 131st Street Studebaker, 4th Floor New York, NY 10027

Phone: (212) 851-0611

2. Notice given:

At hiring

Before a change in pay rate(s), allowances claimed or payday

6. Pay is:

7. Overtime Pay Rate:

Bi-weekly

Weekly

Other

\$ per hour (This must be at least 1½ times the worker's regular rate, with few exceptions.)

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

*Union employees may also be eligible for shift

differential. See the applicable collective

3. Employee's rate of pay:

\$ per hour

bargaining agreement.

Tips_____per hour

Meals_____per meal

Other: * As provided for under the

http://hr.columbia.edu/union-contracts

applicable collective bargaining

5. Regular payday: Columbia Pay Calendar:

http://managers.hr.columbia.edu/tig/pay-calendar-overview

Lodging

4. Allowances taken:

agreement:

None

*See comment above re: shift differential.

8. Employee Acknowledgement:

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. 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.

Print Employee N	lame
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Employee Signature

Date

Preparer Name and Title

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