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

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
☐ On or before February 1
☐ Before a change in pay rate(s), allowances claimed or payday

3. Employee’s rate of pay:

$ __________ per hour

*Union employees may also be eligible for shift differential. See the applicable collective bargaining agreement.

4. Allowances taken:

☐ None
☐ Tips __________ per hour
☐ Meals __________ per meal
☐ Lodging __________
☐ * As provided for under the applicable collective bargaining agreement:

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

5. Regular payday: Columbia Pay Calendar:

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

6. Pay is:

☐ Weekly
☐ Bi-weekly
☐ Other

7. Overtime Pay Rate:

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

*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 payday 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.

Employee Name

__________________________

Employee Signature

__________________________

Date

Rob-Sterling Frazier - Payroll Administrator

Preparer Name and Title

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