



**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
- 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 _____
- Other: * 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 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 Name

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.